

# American Optometric Association NEWS<sup>TM</sup>

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News blog  
at [newsfromaoa.org](http://newsfromaoa.org)



Volume 49

May 2011

No. 13



**The Salt Lake Valley at sunset highlights the Wasatch Mountains overlooking the city. Salt Lake is hosting the 2011 Optometry's Meeting®. See page 42 to view the official invitation from Salt Lake Mayor Ralph Becker and visit [www.optometrysmeeting.org](http://www.optometrysmeeting.org) for more information.**

Photo Credit: Adam Barker

## AOA introduces EyeLearn<sup>TM</sup> centralized learning resource

**E**yeLearn<sup>TM</sup>, a new comprehensive education Web portal for optometry, is scheduled to be introduced next month.

"An exclusive AOA member benefit, EyeLearn<sup>TM</sup> will be a first-of-its-kind, centralized learning resource that will provide optometrists with improved access to a full range of professional education opportunities – from traditional classroom continuing educa-

tion (CE) to new, online learning options," said AOA Trustee Christopher J. Quinn, O.D.

The portal's unique EyeLearn<sup>TM</sup> CE Finder search feature will allow optometrists, for the first time, to review a comprehensive listing of all for-credit continuing education courses that are offered, anywhere in the nation, by state optometric associations, regional optometric organizations, or the AOA, Dr. Quinn

said.

"The EyeLearn<sup>TM</sup> CE Finder will allow AOA members to select the courses best suited to their specific needs and professional interests," Dr. Quinn said.

In many cases, practitioners will be able to use Web links to register for courses online.

*See EyeLearn<sup>TM</sup>, page 50*

## AOA volunteers gather to map out upcoming initiatives

**M**ore than 250 AOA volunteers from more than 30 committees gathered in St. Louis for the Spring Planning Conference last month to begin preparations for the 2011-2012 program year.

Every year, most AOA committees, from the Student

and New Graduate Committee to the Paraoptometric Group Executive Committee to the Third Party Center Executive Committee, meet to discuss accomplishments from the previous year and evaluate plans for the upcoming year.

*See SPC page 10*

## Optometry's Fund for Disaster Relief ready to assist tornado victims

Optometry's Fund for Disaster Relief, administered by Optometry Cares®, is ready to assist optometrists whose practices and/or homes were damaged by recent tornadoes in Alabama, Georgia, Mississippi, North Carolina, Oklahoma and Tennessee. The Fund provides immediate assistance in the aftermath of natural disasters.

"Life in northwest Alabama will be remembered as 'before and after' April 27," said Martha Rosemore Morrow, O.D., president of Optometry Cares® – The AOA Foundation. "The scope of

*See Disaster, page 14*



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**President's Column**  
H.R. 1219: What it is and why we need it



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**Optometry Cares<sup>®</sup>**  
2010 Annual Report



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# SHAMIR Autograph II®

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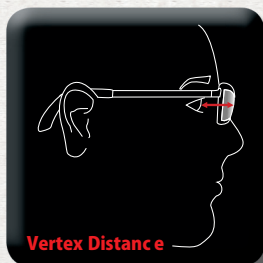
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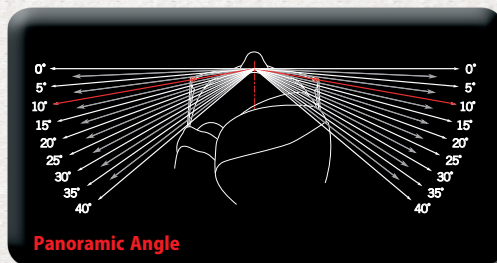
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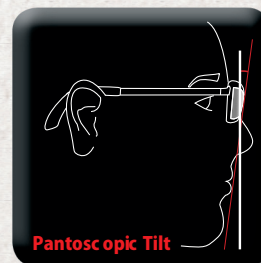
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## PRESIDENT'S COLUMN

# H.R. 1219: What it is and why we need it!

If you don't know who you are, you can't possible get to where you're going.

For the health and well-being of our patients and future success of our practices, it's critical that we define, once and for all, who we are and where we are at on the roadmap when it comes to Medicaid.

H.R. 1219, the Optometric Equity in Medicaid Act, will allow us to do just that.

Introduced by AOA supporters Rep. Ralph Hall (R-Texas) and Rep. Jan Schakowsky (D-Ill.), H.R. 1219 seeks to avert a potential crisis in access to primary eye care for Medicaid patients by amending the federal Medicaid statute to fully recognize optometrists to provide "medical and other health services to the extent those services may be performed under state law."

Why is this important?

Well, as you know, for many years, we've had some flawed language in Medicaid. What you may not know is the current Medicaid program covers more than 51 million Americans, and under the Affordable Care Act (ACA), 20 million more Americans will get their health care coverage through this program.

With this increase of covered lives in Medicaid comes an increase in state costs associated with the program.

According to the federal government, overall Medicaid expenditures increased by nearly 7 percent in fiscal year 2010, and the states' share of Medicaid spending is projected to increase nationally by \$25 billion in 2011.

In addition, states that

wish to receive additional money from the federal government to cover the 20 million more Americans added to Medicaid must continue to offer Medicaid coverage at their 2010 levels.

Called Maintenance of Effort (MOE), if states continue their coverage at 2010 levels, they will be eligible for a 100 percent Medicaid match from the federal government.

This match would decrease to 90 percent by 2020.

we were lucky to have optometry services reinstated less than a year after they eliminated them using a 1972 federal law called the Coshatt amendment.

Originally added to the federal Medicaid statute through the activism of Dr. Elbert A. "Bert" Coshatt, an optometrist from Alabama, the Coshatt amendment requires state Medicaid plans to include optometrists as Medicaid providers if:

❖ the state previously covered optometrists for Medicaid

*Needless to say, with the budget stresses that the states are facing, Medicaid will continue to face additional scrutiny and pressure to rein in expenditures.*

Needless to say, with the budget stresses that the states are facing, Medicaid will continue to face additional scrutiny and pressure to rein in expenditures.

Now, due to two forces at hand – the windfall of 20 million Americans who will be eligible for Medicaid under health care reform in 2014 and economic downturns forcing states to slash already tight budgets – some states have decided to eliminate adult eye care.

They can do this because the language was not specifically defined to include optometry as necessary primary care.

Because of this, the services optometrists provide continue to be considered optional, and thus, vulnerable to state cuts.

This very thing happened most recently in California, and

services (but not necessarily materials); and

❖ if the state Medicaid plan continues to cover physicians for services that optometrists are legally authorized to perform.

The state of Virginia nearly did the same thing as California, but we successfully convinced them not to eliminate adult optometric services in that state's Medicaid program by using the Coshatt amendment, even though the state was facing a budget shortfall in excess of \$4 billion.

But the Coshatt amendment, while useful, should be seen as a temporary fix to a serious issue that we face.

So I strongly urge affiliates to fight alongside the AOA to make H.R. 1219 a priority.

We want states to prepare in advance so that optometry



Dr. Ellis

will be in the strongest possible position to ensure that ODs and their patients will not be unfairly targeted during the next round of state-level Medicaid cuts to be proposed.

We've got a big battle ahead of us now to work in Washington to clarify this Medicaid issue, which we'll need to do by the year 2014 when the expanded Medicaid population hits the health reform time table.

I know I've said it before, but I can't emphasize enough the fact that we've got to all work together in the coming months and years as legislators and policymakers increasingly make decisions about the direction of health reform implementation – both at the national and state levels.

Because at the end of the day, it's NOT just about what you know, but also who you know.

Because at the end of the day, it's about ACCESS! ACCESS! ACCESS!

*Joe E. Ellis, O.D.*

Joe E. Ellis, O.D.  
AOA president

American Optometric Association News (ISSN: 0094-9620) is published 12 times per year by Elsevier Inc., 360 Park Avenue South, New York, NY 10010.

Business Office: 11830 Westline Industrial Drive, St. Louis, MO 63146.

Editorial Office: 243 N. Lindbergh Blvd., St. Louis, MO 63141.

Accounting and Circulation Offices: 6277 Sea Harbor Drive, Orlando, FL 32887-4800.

Domestic subscriptions: \$123. International subscriptions: \$171.

Customer service: 800-654-2452 (US and Canada) or 407-363-9661 (other countries).

Periodicals postage paid at New York, NY, and at additional mailing offices.

POSTMASTER: Send address changes to American Optometric Association News, Elsevier Periodicals Department, 6277 Sea Harbor Drive, Orlando, FL 32887-4800.





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# NIH study finds Avastin, Lucentis equally effective in treating AMD

Researchers are reporting results from the first year of a two-year clinical trial that Avastin, a drug approved to treat some cancers and that is commonly used off-label to treat age-related macular degeneration (AMD), is as effective as the Food and Drug Administration (FDA)-approved drug Lucentis for the treatment of AMD.

The report, from the Comparison of AMD Treatments Trials (CATT), was published online in the *New England Journal of Medicine* on May 1, 2011. CATT is funded by the National Eye Institute (NEI), a part of the National Institutes of Health (NIH).

"Over 250,000 patients are treated each year for AMD, and a substantial number of them receive Avastin. Given the lack of efficacy data regarding Avastin for AMD treatment, the NEI had an obligation to patients and clinicians to conduct this study,"

advanced stages, the wet form of AMD spurs the growth of abnormal blood vessels, which leak fluid and blood into the macula and obscure vision. Many patients are unable to drive, read, recognize faces or perform tasks that require hand-eye coordination.

and spread.

In 2004, the FDA approved Avastin for the systemic treatment of metastatic colon cancer. Genentech later developed Lucentis, derived from a protein similar to Avastin, specifically for injection in the eye to block blood

the United States. Patients were randomly assigned and treated with one of four regimens for a year. They received Lucentis monthly or PRN, or Avastin monthly or PRN. Enrollment criteria required that study participants had active disease.

Patients in the monthly dosing groups received an initial treatment and then had an injection every 28 days.

Patients in the PRN groups received an initial treatment and were then examined every 28 days to determine medical need for additional treatment.

PRN groups received subsequent treatment when there were signs of disease activity, such as fluid in the retina.

Ophthalmologists involved in patient care did not know which study drug a patient was getting, to make sure that the data was not affected by how anyone felt about the treatment.

Change in visual acuity served as the primary outcome measure for CATT.

Thus far, visual acuity improvement was virtually identical (within one letter difference on an eye chart) for either drug when given monthly.

In addition, no difference was found in the percentage of patients who had an important gain or loss in visual function.

Also, when each drug was given on a PRN schedule, there also was no difference (within one letter) between drugs.

PRN dosing required four to five fewer injections per year than monthly treatment.

Visual gains were about two letters less with PRN than with monthly treatment but overall visual results were still excellent.

"In addition to the primary finding of equivalence between Lucentis and Avastin for visual acuity, CATT also demonstrates that PRN dosing is a viable treatment option for either of these drugs," said Daniel F. Martin, M.D., study

*"...CATT also demonstrates that PRN dosing is a viable treatment option for either of these drugs. Substantial visual acuity gains may be accomplished with a lower treatment burden."*

said Paul A. Sieving, M.D., Ph.D., director of the NEI.

AMD is the leading cause of vision loss and blindness in older Americans. In its

Genentech, the maker of both drugs, originally developed Avastin to prevent blood vessel growth that enables cancerous tumors to develop

vessel growth in AMD.

In 2005, two Genentech-sponsored clinical trials established Lucentis as highly effective for the treatment of wet AMD.

During the year between the announcement of the trial results and the release of Lucentis, ophthalmologists began injecting AMD patients with low doses of Avastin, due to its similarity to Lucentis and its availability. The FDA has not licensed Avastin for the treatment of AMD.

Numerous physicians noted a beneficial treatment effect and Avastin's use grew rapidly despite the lack of data on safety, efficacy and dosing from randomized clinical trials to support its use.

Ophthalmologists used Avastin primarily as needed, or pro re nata (PRN), when there was evidence of active disease.

The FDA approved Lucentis in 2006. However, most clinicians adopted PRN dosing for Lucentis, which was a departure from FDA-approved labeling and the monthly dosing schedule evaluated in the Genentech-sponsored clinical trials.

It was not known if PRN dosing would produce the same long-term vision benefits that were achieved with monthly administration.

NEI launched CATT in 2008 to compare Lucentis and Avastin for treatment of wet AMD.

The study has now reported results for 1,185 patients treated at 43 clinical centers in

## Hopping files for AOA president-elect

Ronald L. Hopping, O.D., MPH, has filed for election to the AOA Board of Trustees as president-elect.

Dr. Hopping was first elected to the board in 2005. Dr. Hopping currently serves as AOA vice president and is a member of the Optometric Membership Database Project Team.

He is currently the liaison trustee to the Clinical and Practice Advancement Group Executive Committee, the Commission on Ophthalmic Standards, the Ethics and Values Committee, the Insurance Committee, and the Quality Improvement Committee.

He has also served as chair of the Information & Member Services Group, the AOA Communications Group Advisory Committee, and the Practice Perpetuation Project Team (Practice Transitions Program).

He oversaw the development of the AOA Dr. Locator program to enable the public to find AOA member doctors and was instrumental in expanding the Save Your

Vision celebration into a month-long media event.

Dr. Hopping is a past president of the Texas Optometric Association (TOA). In 2002, he was recognized as the Texas Optometrist of the Year. Dr. Hopping has been actively involved with the TOA Legal and Legislative Team that successfully passed expanded scope of practice and contact lens prescription release legislation while defending optometry's legislative gains.

An honor graduate of the Southern California College of Optometry, Dr. Hopping has served as a full-time faculty member with the rank of assistant professor at the University of Houston College of Optometry (UHCO) where he received the Outstanding Faculty Award. He is currently an adjunct associate professor at UHCO. He received his Master of Public Health from the University of Texas in 1982.

Dr. Hopping is recognized as a Distinguished Practitioner by the National Academies of Practice in



Optometry and was elected to its executive committee. He is a Fellow of the American Academy of Optometry and is also a Diplomate in Cornea and Contact Lenses. He was chair of the Academy's Scientific Exhibit Committee and has served on the Academy's Annual Meeting Committee and Nominating Committee.

Dr. Hopping is in full-time primary care group practice with his spouse, Desiree Hopping, O.D., in Houston, Texas. The Hoppings have two children, Reed, who is attending the University of Houston College of Optometry, and Grant, who attends Rice University.





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# Report says ODs among top Medicare incentive earners

Optometrists across America earned a total of \$4 million in bonuses through Medicare incentive programs during 2009, according to a report issued last month by the U.S. Centers for Medicare & Medicaid Services (CMS).

Optometry ranked among the top 10 physician specialties for participation in both the Medicare Physician Quality Reporting System (PQRS) and Medicare e-Prescribing (e-Rx) Incentive Program, according to the report.

"Clearly, optometrists are embracing Medicare incentive programs as a means of increasing practice revenues and objectively demonstrating the delivery of high-quality, state-of-the-art care," said AOA President Joe Ellis, O.D.

"In addition, by implementing e-prescribing and PQRS quality measure reporting now, optometrists are taking the steps necessary to protect themselves from Medicare payment penalties that will be imposed in the not-too-distant future," Dr. Ellis said (see "Bonuses, penalties becoming important factors in Medicare payment," *AOA News*, April 2011).

For optometrists not yet involved in Medicare incentive programs, the report offers evidence that participation is practical, as well as financially advantageous, for virtually any eye care practice, Dr. Ellis said.

"Hopefully, optometrists will now quickly embrace the new Medicare Electronic Health Records (EHR) Incentive Program as well," Dr. Ellis added (see related article).

Overall, optometrists ranked ninth among physician specialties in PQRS participation and sixth in e-Rx incentive program participation.

Bonuses paid to optometrists under each program averaged well over

\$1,000.

More optometrists participated in the PQRS than the e-Rx program during 2009; probably because the PQRS [formerly, the Physician Quality Reporting Initiative



(PQRI)] is older and more established, according to the AOA Washington office. The PQRS began in 2007, while 2009 was the first year for the e-prescribing program.

However, a higher percentage of those participating in the e-Rx program earned bonuses (see related article).

Optometrists participating in the PQRS program during 2009 received an average (mean) payment of \$1,168 – with some receiving bonuses of as much as \$21,276. The median payment to an optometrist was \$653.

The PQRS bonus is 2

percent of Medicare allowed charges.

One ophthalmologist received \$70,000 under the PQRS program, according to the CMS report.

Optometrists received a total of \$2,172,814 in PQRS incentives for 2009. Those optometrists collectively billed Medicare for \$108,640,733. (See page 18 for e-Rx bonus totals.)

Nearly one in every five optometrists who see Medicare patients (19.78 percent) participated in the PQRS program, according to the report. That was slightly below the participation rate (20.91 percent) for all eligible professionals. Moreover, the participation rate for ophthalmology was twice as high (38.8 percent).

Some 1,859 optometrists earned PQRS bonuses, according to the report. Again, that was less than the total for ophthalmology (3,695). However, it was "way more" than the next highest-ranked non-MD physician specialty: podiatry

See *Incentive*, page 18

## NASA-NIH team develops cataract-detection device

A collaboration between the National Aeronautics and Space Administration (NASA) and the National Eye Institute (NEI), part of the National Institutes of Health (NIH), has led to development of a clinical device for earlier detection of cataracts.

Two government scientists collaborated on the development of the device, which measures changes in alpha crystalline proteins in the lens of the eye, and is adapted from a device created for use in outer space.

The device holds promise for improved understanding and treatment of cataracts, the leading cause of blindness in the world, the researchers say.

The device received honorable mention last month under the U.S. Department of Health & Human Services' HHSinnovates program, which was launched last year to recognize exceptional innovation efforts in the department's agencies.

## National Eye Institute offers 'vodcasts'

The National Eye Institute (NEI) now offers a range of video "vodcasts" on eye and vision care topics. The videos are appropriate for use on eye care practitioner Web site or sharing through social media, according to the NEI.

**Comprehensive Dilated Eye Exams explains:**

- ❖ Why it's important to have a comprehensive dilated eye exam
- ❖ What the difference is between a comprehensive eye exam and vision screening
- ❖ How you can tell if you've had a dilated eye exam, and
- ❖ Where to find more information

**Age-Related Macular Degeneration (AMD) outlines:**

- ❖ How AMD affects vision
- ❖ Treatment options for AMD
- ❖ How to monitor changes in vision, and
- ❖ Where to find more information

**Cataract** graphically illustrates how:

- ❖ How cataract affects vision
- ❖ Signs and symptoms of cataract
- ❖ Treatment options and cataract surgery, and
- ❖ Where to find more information

**Diabetic Eye Disease** details:

- ❖ How people with diabetes can avoid vision loss
- ❖ Treatment options for diabetic eye disease
- ❖ How often people with diabetes need a dilated eye exam, and
- ❖ Where to find more information

**Dry Eye** explains:

- ❖ How dry eye affects the eyes
- ❖ Symptoms of dry eye
- ❖ Treatment options and management of dry eye, and
- ❖ Where to find more information

**Glaucoma** illustrates:

- ❖ How glaucoma affects the eyes
- ❖ Who is at greater risk of developing glaucoma
- ❖ Treatment options, and
- ❖ Where to find more information

"Consider linking to these vodcasts from your Web site, share them through your social media outlets or send links to the Vodcasts to others," the NEI suggests. The vodcasts may require an additional "plug-in" for viewing, the agency notes. All of the vodcasts can be accessed on the NEI Web site ([www.nei.gov](http://www.nei.gov)).

## Are You Connected?

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A members-only perk, AOACONnect is a place where you can contribute to the profession on your own time and own terms.

Get started at <http://connect.aoa.org>.







# CMS proposes ACO rules

The Centers for Medicare & Medicaid Services (CMS) recently proposed rules for a new health care delivery model that would incentivize groups of individual practitioners and facilities to join together to reduce the overall cost of patient care.

costs.

The concept is potentially more broad than other cost-control delivery models because all individuals and entities providing patient care would collectively share the incentive and risk.

The ACA requires ACOs to include certain types of

get the recommended care for patients whose health care costs would rise substantially if left untreated.

Although widely popular in theory, establishing an ACO is difficult because a wide range of legal issues must be addressed.

In the proposed regulations, the CMS tried to provide flexibility for different ACOs but predicts only 75 to 150 will actually try to participate in the Shared Savings Program.

"Optometrists should be aware that these new entities have been proposed to improve care coordination and cost control. ACOs could significantly impact the way participating optometrists provide care," said Charles B.

Brownlow, O.D., third party consultant to the AOA Clinical and Practice Advancement Group. "However, optometrists should be mindful that this is just a proposal and may be changed significantly before final rules are revealed."

The AOA expects the CMS to issue final regulations this fall.

The Shared Savings Program begins in 2012.

Optometrists should continue to communicate with local practitioners and facilities about the development of ACOs in their areas, and should continue to explain the role optometrists have in efficient, high quality care.

*"Optometrists should be aware that these new entities have been proposed to improve care coordination and cost control. ACOs could significantly impact the way participating optometrists provide care."*

The model, known as "Accountable Care Organizations (ACOs)," were one of the most intriguing developments from last year's Affordable Care Act (ACA).

The Medicare Shared Savings Program would allow ACOs that meet certain quality standards to share in whatever cost-savings they produce for the Medicare program and are widely expected to be expanded or utilized in the private sector.

The AOA has met with key policymakers about the role of optometry in ACOs and provided guidance to the CMS about how ACOs should be formed without discriminating against optometrists.

The AOA will provide additional feedback on the details of the proposed rule.

Under the ACO program, Medicare would continue to pay individual physicians, providers and suppliers for specific items and services under its fee-for-service reimbursement system.

ACOs that beat targets for cost-savings could share in those savings, and, eventually if not initially, ACOs would be liable for higher than expected

practitioners, but not necessarily optometrists.

As suggested by the AOA, the regulations proposed by the CMS would allow optometrists to participate in ACOs.

The AOA will fight to keep this option available in the final regulations.

One measure of ACOs will be the rate of eye examinations for patients with diabetes.

Because only optometrists and ophthalmologists perform eye examinations, this requirement may incentivize ACOs to either include those practitioners within the ACO or to have a strong referral system to ensure that patients

## Medicare offers new practitioner resources

The Medicare Learning Network (MLN), a service of the U.S. Centers for Medicare & Medicaid Services (CMS), last month released several new resources designed to help health care practitioners understand various aspects of the Medicare fee-for-service (FFS) payment system.

### Signature Requirements fact sheet

This fact sheet is designed to provide education for health care providers on the signature requirements applicable to Medicare claims. It includes information on the documentation needed to support a claim submitted to Medicare for medical services. The fact sheet can be downloaded on the MLN Web site (<http://tinyurl.com/MedicareSignatures>).

### Medicare Physician Fee Schedule fact sheet

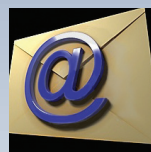
This fact sheet is designed to provide education on the Medicare Physician Fee Schedule (PFS) including physician services, therapy services, Medicare PFS payment rates, and the Medicare PFS rates formula. Practitioners can order the fact sheet on the MLN General Information Page ([www.CMS.gov/MLNGenInfo](http://www.CMS.gov/MLNGenInfo)) by scrolling to "Related Links Inside CMS," and selecting the "MLN Product Ordering Page."

### MLN Matters Medicare EHR Incentive Payment Process article

MLN Matters® Special Edition Article #SE1111 – titled "Medicare Electronic Health Record (EHR) Incentive Payment Process" – describes the payment process for the Medicare EHR Incentive Program. The article is based on the American Recovery and Reinvestment Act of 2009, which provides for incentive payments for health care practitioners and institutions that are meaningful users of certified EHR technology. It can be accessed on the MLN Web page at <http://tinyurl.com/3kayhz5>.

### Interactive Guide to the Medicare Learning Network CD-ROM

The Interactive Guide to the Medicare Learning Network CD-ROM allows for a two-way flow of information between Medicare fee-for-service providers and the MLN. Providers and other healthcare professionals can link directly from the products described on the CD-ROM to the MLN Web pages and the MLN Catalog of Products. Once there, users can then confidently download and print copies of the most up-to-date and accurate MLN products. To order the CD-ROM through the MLN Product Ordering System, visit [www.CMS.gov/MLNProducts](http://www.CMS.gov/MLNProducts).



Send letters to: Editor, AOA News  
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AOA News reserves the right to edit letters submitted for publication.



## SPC, from page 1

The conference was led by AOA President-elect Dori Carlson, O.D.

“This meeting was quite a success with lots of collaboration and ideas, and that’s what this is all about,” said Dr. Carlson.

Dr. Carlson touched upon two recent successes of the association: the Congressional Advocacy Conference and the School Readiness Summit.

“We had an incredible Congressional Advocacy Summit with more than 450 attendees, including 147 students,” she said. “We had two meetings at the White House

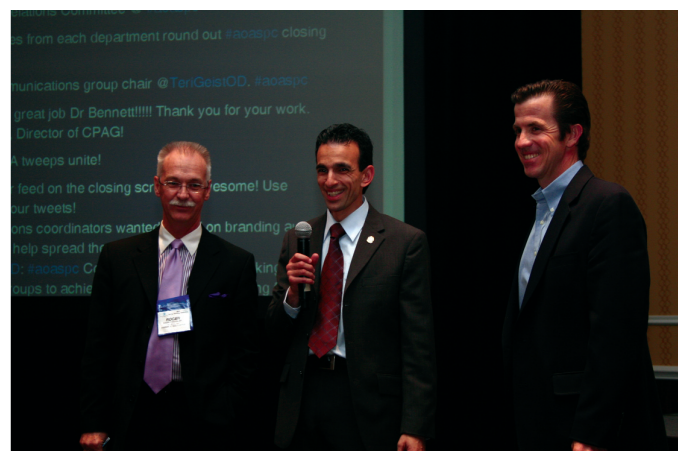
lobbying for health policy, which was time well-spent. It’s never been more important to be involved in AOA-PAC. It’s so important with our initiatives.”

Dr. Carlson touted the significance of the School Readiness Summit that included 51 partners, including non-optometrists, who discussed the linkage between vision and learning.

Dr. Carlson also talked about the importance of engaging future practitioners. She is in the midst of her “20/20 tour” of 20 visits with optometry students in 20 months. For more on the tour,

visit [www.dori20-20tour.org](http://www.dori20-20tour.org).

One theme incorporated heavily into the Spring Planning Conference was social media. All volunteers were encouraged to sign up for Facebook and “like” the AOA’s page at [www.facebook.com/american.optometric.association](http://www.facebook.com/american.optometric.association). Attendees were also encouraged to sign up for – and post to – Twitter. A Social Media Help desk at the conference assisted them in their efforts. Dr. Carlson also ran a live stream of tweets (with the #aoaspc Twitter hashtag) on the big screen during her closing presentation.



From left, Federal Relations Committee Chair Roger Jordan, O.D., Third Party Center Executive Committee Chair Stephen Montaquila, O.D., and State Government Relations Center Executive Committee Chair Bobby Jarrell, O.D., offer insight into their committees’ work.



John Coble, O.D., chair of the Meetings Group Executive Committee, provides an amusing “nugget” on his groups’ accomplishments during the Spring Planning Conference that sparks laughter from AOA President-elect Dori Carlson, O.D.

At right, Hispanic Vision Initiative committee members Rodolfo Rodriguez, O.D., Manuel Solis of Transitions Optical, and AOA Public Relations Manager Cathy Bryson talk about plans to translate materials. Below right, the Federal Relations Committee meets to discuss upcoming plans for the 2011-2012 program year.



Student and New Graduate Committee members Ray Pirozzolo, O.D., and Elizabeth Turnage, American Optometric Student Association treasurer and student at Southern College of Optometry, collaborate on ideas.



Social Media Committee Chair Paul Heeg, O.D., shares his committee’s goals with the Communications Group Executive Committee.



AOA Executive Director Barry Barresi, O.D., Ph.D., and AOA President-elect Dori Carlson, O.D., were in mint condition at the meeting.



# AOA part of CDC Diabetes Translation Conference

The Centers for Disease Control and Prevention (CDC) Division of Diabetes Translation (DDT) convened its annual Diabetes Translation Conference on April 11–14, 2011, in Minneapolis, Minn.

The conference brought together more than 600 participants from a wide range of local, state, federal, and territorial governmental agencies and private-sector diabetes partners. The AOA has been actively involved with the CDC's DDT activities for more than a decade.

Attending this year's conference were Health Promotion Committee member W. Lee Ball, O.D., AOA Associate Director for Quality Improvement Beth Kneib, O.D., and AOA Associate Director of Public Health Uzma Zumbrink, DHSc, MPH, who distributed educational material and information regarding the AOA.

Dr. Ball made a presentation on "Working Together to Manage Diabetes: Development and Testing of a Comprehensive Checklist" under the session of Improving Practice: Using Data and Tools to Improve Diabetes Care.

The goal of the program was to gauge whether the checklist would be useful, and used, in a real-world clinical setting.

He said that 74 percent of respondents indicated that they were likely to change their practice to more of a team approach, incorporating the members of the team, or by referral when using the checklist.

Professionals from each of the pharmacy, podiatry, optometry and dental disciplines responded.

Other disciplines included: certified diabetes educators, dietitians, and pharmaceutical technicians, physicians, nurse practitioners, and physician assistants.

According to Greg Wolfe, O.D., chair of the Health Promotion

Committee of the AOA Clinical and Practice Advancement Group, "Most vision loss associated with diabetes is preventable; therefore, not only is it paramount that people with diabetes understand the necessity for a comprehensive dilated eye exam, it is also equally important for this message to be reinforced and facilitated by all members of the patients' health care team. Drs. Ball and Zumbrink's outstanding projects are important steps in achieving this goal."

Dr. Zumbrink's poster presentation was about the impact of the Healthy Eyes Healthy People® (HEHP) program on diabetic retinopathy and eye health care needs of the American

annual meeting's T-shirts. These colorful, diabetes-themed T-shirts with the HEHP logo are a meeting highlight and have been given as gifts from attendees to people around the globe. These T-shirts were designed by Michael Duenas, O.D., the AOA associate director of Health Policy.

The AOA also had an exhibit booth at the meeting and distributed more than 400 copies of a variety of patient education materials, including "Recommended Nutrients for Healthy Eyes," which details the important link between nutrition and reducing the risk for certain eye diseases.

Along with other educational materials, almost 400



**Health Promotion Committee member W. Lee Ball, O.D., presents "Working Together to Manage Diabetes: Development and Testing of a Comprehensive Checklist."**

The division does not support the direct provision of services, but facilitates the efficient, fair, and effective availability of these services to all Americans affected by diabetes.

The division does not do laboratory research and does not routinely fund indi-

effective preventive health care services

- ❖ Enhance and improve community and environmental strategies to support people with diabetes
- ❖ Improve the science of health and health care disparities related to diabetes
- ❖ Prioritize and disseminate public health strategies to eliminate disparities
- ❖ Build DDT capacity for communication, evaluation, marketing, policy, and partnerships.

The CDC DDT conference focuses on strategies for preventing type 2 diabetes and managing existing disease. Highlights included:

- ❖ A review of the first year of the National Diabetes Prevention Program, a community-based effort to prevent new cases of type 2 diabetes by helping those at highest risk of the disease make healthy lifestyle changes. By 2020, the group lifestyle intervention program aims to reach 15 million of the 79 million Americans with prediabetes. Speakers included Ann Albright, Ph.D., R.D., director of the Division of Diabetes Translation; Jonathan Lever, vice president for strategy and innovation, YMCA of the USA; and Deneen Vojta, M.D., senior vice president of UnitedHealth Group.
- ❖ How business coalitions play a role in improving community health. The speaker was Andrew Webber, CEO and president

*"Most vision loss associated with diabetes is preventable; therefore, not only is it paramount that people with diabetes understand the necessity for a comprehensive dilated eye exam, it is also equally important for this message to be reinforced and facilitated by all members of the patients' health care team."*

public and mainly focusing on the importance of annual dilated eye exams.

HEHP collected data from 2005 to 2009 shows that optometrists provided comprehensive eye exams to 45,573 patients and improved patient awareness of the effect of diabetes on the eye and visual health.

The CDC DDT's vision is "A world free of the devastation of diabetes."

Its mission is "to reduce the preventable burden of diabetes through public health leadership, partnership, research, programs, and policies that translate science into practice."

DDT concentrates its efforts to achieve the greatest impact for populations with the greatest burden or risk.

The AOA has been a longtime sponsor of the

HEHP diabetes CDs and simulator cards were distributed during the meeting.

The DDT is a part of the CDC's National Center for Chronic Disease Prevention and Health Promotion of the U.S. Department of Health & Human Services (HHS).

The division has about 100 employees in Atlanta, plus several public health advisors in the field.

The CDC has had a diabetes division since 1977. In 1989, the name of the division was changed to Division of Diabetes Translation, meaning that the division translates science into daily practice.

In applied or "translation" research, researchers take information from clinical trials and incorporate it into clinical and public health practices.

vidual investigators.

Its goals include:

- ❖ Prevent diabetes
- ❖ Prevent complications, disabilities, and burden associated with diabetes
- ❖ Eliminate diabetes-related health disparities
- ❖ Maximize organizational capability to achieve DDT goals.

The division's priorities include:

- ❖ Increase diabetes preventive behaviors
- ❖ Improve the access to effective lifestyle interventions
- ❖ Enhance and improve community and environmental strategies to prevent diabetes
- ❖ Improve the health behavior and self-management practices of people with diabetes
- ❖ Enhance and improve the access and delivery of

*See CDC, page 18*



# Optometry's Meeting® exhibit hall has it all

Attendees of the 2011 Optometry's Meeting® will experience the sense of community the AOA has created in the vast Exhibit Hall. The Exhibit Hall will run from Thursday, June 16 to Saturday, June 18.

Visitors will first notice

it on Facebook and tweet about the meeting using hashtag #optometrysmtg. Be sure to check out the Social Link area within AOA Central.

The Exhibit Hall has always been a place to network and discover the latest news and trends. However, it can seem a bit over-

*This year, the AOA created a one-stop shop in Optometry's Exchange to help navigate the hall.*

the new AOA Central, where it all comes together. This is the spot to register for Optometry's Meeting®, visit the AOA booth, download the Optometry's Meeting® smart phone app, get connected in the Social Link area, visit Optometry Cares® – the AOA Foundation, re-charge, or just catch up with friends and colleagues.

Optometry's Meeting® has gone social! Please friend

whelming at times. This year, the AOA created a one-stop shop in Optometry's Exchange to help navigate the hall.

The Hall is sectioned into several categories for the ease and convenience of finding what attendees are looking for quickly:

- ❖ Frames Section
- ❖ Contact Lens Section
- ❖ Diagnostics/Equipment Section
- ❖ Pharmaceuticals and



**The Exhibit Hall will run from Thursday, June 16 to Saturday, June 18 at Optometry's Meeting®.**

## Non-Profit Section

- ❖ General Optometry/ Miscellaneous Section

Attendees can also **Hike the Hall** with the Hike the Hall passport found in their registration packets. Passports allow them to receive a commemorative item from each rest stop, such as: T-shirt, pin, reusable water bottle, luggage tag, and a chance to win a continuing education (CE) CD containing full-motion video of more than 250 hours of educational content from Optometry's Meeting®. So "Hike the Hall" and explore the new technologies, products, and services that await attendees.

Located in the Exhibit Hall, the **Discovery Theaters** will house intimate, complimentary accredited education and workshops/seminars inviting attendees to enrich attendees' knowledge. Theater programming will be aligned by discipline area: contact lenses, diagnostics, optical/frames, pharmaceuticals, or general optometry.

The Exhibit Hall will open Thursday with a **Ribbon-Cutting Ceremony** at 4 p.m. sponsored by Vistakon®.

The AOA will host **Wines from Around the World** on Thursday and **Buck-a-Beer Night** on

## Friday.

Designated paraoptometric and student hours in the Exhibit Hall will be Saturday from noon to 2 p.m.

Marchon is sponsoring **\$10 Lunch Coupons** redeemable on Friday or Saturday.

Abbott Medical Optics is supporting free daily continuing education in the **Complete Refractive Solution Theater** with an unrestricted educational grant.

Shamir is sponsoring a free **Backpack**, and CIBA Vision and Luxottica are sponsoring the **AOA Practice Management &**

## Career Center.

The AOA is raffling two suitcases full of travel essentials, including a \$250 American Express gift card and Money to Burn Coupons (more than \$13,000 worth of prizes). Be sure to be present for these raffles at the Main Stage, behind AOA Central. Refer to the flier in the pre-registration packets for times and details.

For more information and to register for Optometry's Meeting®, visit [www.optometrysmtg.org](http://www.optometrysmtg.org). Online registration closes on May 17. However, registration will be available on-site.

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## AOA seeking courses for Chicago's Optometry's Meeting®

The Continuing Education Committee of the AOA is pleased to invite submissions of optometric, paraoptometric, and optometric student education courses at the 2012 Optometry's Meeting® in Chicago, Ill., beginning May 3. Continuing education courses will be held from Wednesday, June 27 through Sunday, July 1, 2012.

Courses submitted cover a wide variety of ophthalmic topics. All abstracts must be submitted electronically via online submission by July 29, 2011.

To submit a course, visit the AOA Web site, [www.optometrysmtg.org](http://www.optometrysmtg.org), and click on the "2012 Call for Courses" icon. Inquiries regarding the Call for Courses can be e-mailed to: [continuing-ed@aoa.org](mailto:continuing-ed@aoa.org).

Submissions must be completed by July 29, 2011, for consideration. Notification of selected courses will be e-mailed to all applicants in early fall.





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A.I.T. Industries	2019	Diopsys, Inc.	1600	KMK Educational Services	1113	Santinelli International, Inc.	2419
ABB Concise	4223	Diversified Ophthalmics, Inc.	3611	Konan Medical USA	802	ScienceBased Health	4207
Abbott Medical Optics	4016	Doctorsoft Corporation	1412	KOWA Optimed, Inc.	1609	Shamir Insight, Inc.	2013
Accutome, Inc.	1205	Eagle Vision, Inc.	1307	LasikPlus	4012	Signet Armorlite, Inc.	3013
Acuity Optical USA, Inc.	2319	Elektron Technologies	504	Leiter's Rx Compounding	3419	Smile Reminder	1212
Acuity Pro / VisionScience Software	1601	Elsevier-Mosby	1009	Live Eyewear Inc.	1817	Southern College of Optometry	3906
Advanced Vision Research	4002	Eppointments	1619	Lombart Instrument	1402	Stereo Optical Company	1304
Air Force Recruiting Services	3904	Eschenbach	1117	Luxottica	105	Synemed Inc.	1006
Air National Guard	4307	Essilor Instruments USA	2219	Luxottica	3019	SynergEyes, Inc.	3716
Akorn	4005	Essilor Laboratories of America	2716	M&S Technologies, Inc	1204	TearLab Corporation	3609
Alcon Laboratories, Inc.	3605	Essilor Lenses	2716	Marchon Eyewear, Inc.	3016	TelScreen (TSI)	1400
Alcon Laboratories, Inc.	3809	Eye Care Council, Inc.	4004	Marco	1802	The Vision Care Institute/OD Lean	1414
Allergan	3205	Eye Designs LLC	3016	MaximEyes by First Insight	3619	Three Rivers Optical	3219
Altair Eyewear	1216	Eye Photo Systems Inc.	1515	Medcompare	1010	TLC Laser Eye Centers	3715
American Academy of Optometry	4603	Eye Solutions, LLC	1500	MedOp, Inc.	3805	Tomey	702
American Board of Optometry	1115	Eyefinity/OfficeMate	1809	Menicon America, Inc	4110	Topcon Medical Systems, Inc.	1404
American Optometric Association	2500	Eyemaginations	1807	Morel Eyewear	3317	Transitions Optical	2213
AmeriSciences	4104	EyeMed Vision Care	1209	National Library Service BPH	4602	Tru-Form Optics, Inc.	4019
AOA Malpractice & Business Insurance - Lockton Affinity	2500	EyeQuick	1300	National Vision, Inc.	3315	TTI Medical	1005
AOA Malpractice & Business Insurance - Lockton Affinity	115	Fashion Optical Displays	916	Nidek, Inc.	1202	TURA	3221
AOA Members Group Insurance - AGIA	2500	Fast Grind International	2320	NOAH	4707	Unilens Corp. USA	4217
AOA Members Retirement Program - AXA Equitable	2500	FCI Ophthalmics	4215	OASIS Medical, Inc.	108	USI Optometric	1017
AOA Members Retirement Program - AXA Equitable	110	Fera Pharmaceuticals	4109	OASIS Medical, Inc.	4113	Veatch Ophthalmic Instruments	1019
Apex EDI	109	First Vision Media Group	819	Ocular Instruments	1200	Vision One Credit Union	1417
Apex EDI	4010	Fortifeye Vitamins	4000	Ocular Nutrition Society	4006	Vision Source	1821
Argent Insights	4419	FoxFire Systems Group	1720	Oculus, Inc.	1501	Vision-Ease Lens	3216
Army Medical Health Services Directorate	4605	Frames Data, Inc.	1616	OCUSOFT, Inc.	3804	VisionWeb	1409
Art Optical Contact Lens, Inc.	3719	Fresnel Prism and Lens Co.	3519	Odyssey Medical	4013	Vistakon	3415
Bank of America Practice Solutions	1519	Gateway EDI, Inc.	1816	OIS	1401	Vistakon Assured Lounge	4209
Bausch + Lomb	3209	Good-Lite Company	707	Optical Dynamics Corporation	4011	Viva International	2819
Bernell Corporation	3919	Haag-Streit USA/Reliance	1512	Optometric Protector Plan	1617	Vmax Vision	3222
Blue View Vision	1112	HAI Laboratories, Inc.	1004	Optometry Times	919	Volk Optical Inc.	1104
Briot USA	4009	Heidelberg Engineering	1701	optometrystudents.com	3402	VOSH International	4007
Bryn Mawr Communications, LLC	1116	Heine USA Ltd.	1302	Optos	1804	VSP	1216
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CIBA VISION	106	Humana Specialty Benefits/VisionCare Plan	1211	Pennsylvania College of Optometry at Salus University	1413	Wal-Mart Stores, Inc	1110
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Clearlab US Inc.	4119	Icare USA	1305	Practice Director Software	1310	Websystem2	1516
CNS Frame Displays	2119	Illusion Optical Displays, Inc.	1311	Primary Care Optometry News	909	Wells Fargo Practice Finance	107
Coburn Technologies	3215	Innova Systems, Inc.	900	PRN	4102	Wells Fargo Practice Finance	1719
Compulink	1612	Inspire Pharmaceuticals, Inc.	4204	Pro Design Eyewear	2719	Williams Group Consulting	1309
CooperVision, Inc.	3815	iSonic Inc	3319	Propper Manufacturing Co., Inc.	706	Wilson Ophthalmic Corporation	1700
Costa Sunglasses	1813	ISTA Pharmaceuticals	3800	Rapid Pathogen Screening	901	Wolters Kluwer Pharma Solutions VisionCare Group	1814
Demandforce Inc	1206	Keeler Instruments, Inc.	1615	Reichert, Inc.	1105	Younger Optics	1919
Designs For Vision, Inc.	1201	Kemin Health	3601	Review of Optometry	1419	ZeaVision, LLC	3905
DGH Technology, Inc.	1306	K-Mars Optical	1819	RevolutionEHR	1109		

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## Bipartisan leaders answer AOA's call for repeal of 1099 Provision

Within hours of hearing from hundreds of hometown optometrists and optometry students who were in the nation's capital to play a key role in the 2011 AOA Congressional Advocacy Conference, U.S. Senate Democrats and Republicans came together to overwhelmingly approve an AOA-backed bill aimed at repealing a controversial tax reporting requirement included within the health reform law.

By a vote of 87 to 12, Senate leaders passed the Small Business Paperwork Mandate Elimination Act of 2011 (H.R. 4), which fully overturns the newly expanded IRS Form 1099 reporting requirement.

Introduced into the U.S. House by Rep. Dan Lungren (R-Calif.), the measure cleared the lower chamber with bipartisan support in early March.

Now, with President Obama's signature last month, small business optometry practices will no longer face this new and burdensome requirement.

Originally incorporated into the health overhaul law as a tax compliance device, the expanded 1099 reporting requirement would have – starting in 2012 – called for most businesses to produce 1099s for all payments in excess of \$600 made to an individual vendor in the course of regular business within a taxable year, including when paying for things such as computers, software, office supplies, and a range of services.

The AOA strongly opposed this measure.

In a letter to leading members of Congress, the AOA warned lawmakers that this costly and avoidable regulatory burden would negatively impact thousands of small business optometry practices across the country.

While supporting the enforcement intent of the 1099 provision, the AOA made clear that it felt that this provision will end-up costing the private economy much more than any additional tax that the IRS might collect as a result.

Members can read the full AOA letter urging congressional leaders to repeal the 1099 provision at: [http://newsfromaoa.files.wordpress.com/2011/01/aoa\\_letter\\_of\\_support\\_h-r-4\\_.pdf](http://newsfromaoa.files.wordpress.com/2011/01/aoa_letter_of_support_h-r-4_.pdf).

As nearly 500 doctors and students stormed Capitol Hill to help deliver the AOA's pro-access and pro-patient message directly to the offices of nearly every member of Congress, frontline advocates urged senators to bring to the floor and then vote in favor of the AOA-backed bill.

Just a few hours after hearing from their local optometrists and optometry students, the U.S. Senate answered the AOA's call for full repeal of the 1099 provision.

To watch AOA advocacy in action and see video highlights from the 2011 AOA Congressional Advocacy Conference, please follow: [http://www.youtube.com/watch?v=AUxtFabucM0%2526feature=youtube\\_gdata\\_player](http://www.youtube.com/watch?v=AUxtFabucM0%2526feature=youtube_gdata_player).

## TRICARE North Region again paying E&M claims for ODs

The military's TRICARE health insurance plan is again honoring claims from optometrists who provide evaluation and management (E&M) services for active duty military personnel, military retirees, and military families in New England and the upper Midwest.

After hearing from many optometrists and the AOA, Health Net Federal Services, the company that processes claims in the health plan's North Region, last month corrected an erroneous policy that had resulted in the rejection of claims submitted by optometrists for E&M services and some other care.

As of April 15, claims submitted by optometrists

were being processed and paid without delay, the company says.

The AOA Advocacy Group and state optometric associations began receiving reports of claims that were improperly denied in late March.

The company has promised to automatically reprocess and pay any improperly denied claims that were submitted by optometrists with dates of services between March 25 and April 15.

The claims were to be reprocessed within two to four weeks. Practitioners who have improperly denied claims that have not been reprocessed by the end of May should contact TRI-

CARE.

The TRICARE North Region, covered by Health Net, includes Connecticut, Delaware, the District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, and Wisconsin.

In addition, the company processes claims in small portions of Tennessee, Missouri and Iowa.

AOA members with questions on TRICARE claim denials should contact AOA Advocacy Group staff person David Danielson at [dsdanielson@aoa.org](mailto:dsdanielson@aoa.org).

### Disaster, from page 1

human suffering I have witnessed is unprecedented in my life! Many patients, friends and family have died. Two staff members lost almost everything, but fortunately not their lives. One staff member was in her house with her husband and three children. The only room left standing was the one they were in. The best memory we all have is the outpouring of support from all over the country. Thank you to everyone who has helped my fellow Alabamians. This is a time when I see firsthand the importance of programs like Optometry's Fund for Disaster Relief."

At least two AOA members have already requested assistance after the loss of their homes in Alabama.

"We still have not been able to rule out others because of the power and phone outages in those areas," said Samuel Pierce, O.D., AOA board member. "You've seen the damage done in Tuscaloosa—it's been on the news quite a bit because it was the most devastating, but many other areas were also hit. Three miles from my house, an EF-2 tornado touched down in the Cahaba Heights community and destroyed several homes, vehicles, business, and count-

less trees. That area is between my office and home, so I drove through there on my way home yesterday. Quite shocking to say the least. I have also never seen so many utility trucks, most from Florida, on the highways, sometimes as many as 20 at the time in a convoy heading to/from another area. I've never seen anything like this."

Affected optometrists may contact their state association or Optometry Cares® directly to initiate financial assistance.

To ensure that funds are available for all who need assistance, AOA members are encouraged to make a donation to Optometry's Fund for Disaster Relief.

Contributions are deductible to the fullest extent of the law, as no goods or services are furnished by the Optometry Cares® – The AOA Foundation, a 501(c)(3) organization, in exchange for the gift to Optometry's Fund for Disaster Relief.

To contribute, simply mail a check to Optometry's Fund for Disaster Relief, 243 N. Lindbergh Blvd., First Floor, St. Louis, MO 63141.

Visit [www.optometryscharity.org](http://www.optometryscharity.org) for more information.



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# Join the Thousands

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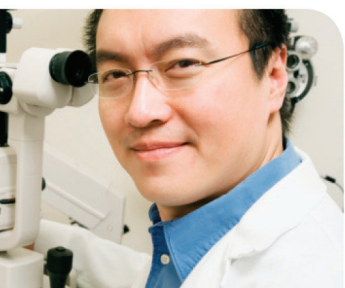
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In an industry full of competition, isn't it comforting to know that the AOA has worked diligently to ensure their members are afforded the most comprehensive malpractice insurance available? Thousands of your fellow AOA members think so, and have joined the AOA Insurance Alliance — the one and only malpractice insurance program sponsored by the AOA.

Now we invite you to place your trust in us. If your malpractice insurance renews soon — **don't wait** — visit our enrollment center to secure your coverage. Our simple online enrollment process makes it easy. Our broad coverage, expertise and compassionate claims service make us your trusted choice.



## Enroll Today [www.aoainsurancealliance.com](http://www.aoainsurancealliance.com)

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To speak with a program representative regarding malpractice coverage or business owners insurance for your practice call (888) 343-1998. Coverage endorsed by AOA now and previously are both written on an occurrence basis; therefore, members should have no concerns about inadvertent coverage gaps caused solely by switching carriers.

Program underwriter varies by state and is either PACO Assurance Company, Inc. (A- Excellent rating by A.M. Best), ProAssurance Indemnity Company, Inc., or PICA (A Excellent rating by A.M. Best). The AOA Insurance Alliance is administered by Lockton Risk Services.

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# NDOA named NEI 2011 Healthy Vision Community Award recipient

The 2011 Healthy Vision Community Awards (HVCA) winners announced by the National Eye Institute (NEI), part of the National Institutes of Health, included the North Dakota Optometric Association (NDOA) for its “Eating for Your Eyes II: Diabetic Retinopathy” project.

All award recipients are committed to making eye health and vision priorities in their communities. Through the HVCA, they can make a difference in communities across the nation.

The HVCA supports grassroots eye health education by providing awards up to \$10,000. This seed money supplies the spark that gets projects started, which are then sustained through community partnerships.

“The North Dakota Optometric Association members are honored and pleased to be a recipient of a 2011 Healthy Vision Community Award provided by the National Eye Institute,” said Nancy Kopp, executive director of the NDOA. “This funding provides the NDOA and its dedicated partner, the North Dakota State University (NDSU) Health, Nutrition and Exercise Science Department, the opportunity to truly make a difference in increasing the education on eye health issues that are so very prevalent in our predominately senior population of our rural state.”

The “Eating for Your Eyes II: Diabetic Retinopathy” project was designed to educate community members using pre-printed materials in a variety of settings.

Delivery will be targeted to older adults and American Indians of all ages in North Dakota.

Scripted PowerPoint slides, structured suggested activities with workshop tools (e.g., vision simulator cards from the AOA), take-home materials (e.g., Idaho Plate Method, brochures),

evaluation surveys, and marketing materials are part of the program.

Additionally, the program includes an eye examination postcard reminder that also serves as a communication between the eye care professional and primary care physician.

Pre- and post-questionnaires are carefully matched to educational materials to

were diagnosed with diabetes in 2007. Direct and indirect medical costs of diabetes in the United States are estimated at \$174 billion.

“Eating for your Eyes II: Diabetic Retinopathy” project directors aim to increase awareness and knowledge of diabetes, diabetic retinopathy, and associated risk and prevention factors, including eye examinations and diet.

Selected projects focus on underserved populations, addressing health disparities and filling gaps in service for the uninsured, non-native English speakers, and others.

“Many groups may be unaware of the importance of eye health and the risks to their vision, so it is critical to reach out and educate them on the need to protect their vision,” said Janiszewski.

Diabetic Vision Health Program for the Homeless and Uninsured.

❖ North Central Kentucky Area Health Education Center, Park Hills, for Hispanic Awareness Glaucoma Project/Proyecto Hispanico de Educacion en Glaucoma.

❖ St. Joseph Health System, Tawas City, Mich., for the Don’t Lose Focus project.

❖ Missouri Lions Eye Research Foundation, Columbia, for Promoting Glaucoma Detection Screenings to the Hispanic Population.

❖ Lighthouse International, New York, N.Y., for Empowering Senior Center Staff to Facilitate Retinal Exams in High-Risk Older Adult Communities in Harlem and East Harlem.

❖ North Dakota Optometric Association, Bismarck, for Eating for Your Eyes II: Diabetic Retinopathy.

❖ New View Oklahoma, Oklahoma City, for the Adapted Type 2 Diabetes Education Program for Persons with Vision Impairment.

❖ El Paso Diabetes Association, Brentwood, Texas, to conduct the Diabetic Eye Disease Education and Poster Contest.

❖ TEAMability, Inc., San Antonio, for Implementing Rehabilitation for Children Having Cortical Visual Impairments: CVI Challenge.

❖ Fourth Street Clinic, Salt Lake City, for the Diabetes Eye Disease Education and Prevention Program for Homeless Utahns.

❖ Rural Health Outreach Program, Arrington, Va., of the Blue Ridge Medical Center.

❖ The Larry Joe Harless Community Center, Gilbert, W. Va., for the Rural Appalachian Vision and Eye Screening (RAVE) program.

Visit [www.nei.nih.gov/hvca](http://www.nei.nih.gov/hvca) for more information about the HVCA program and to learn more about these projects.

*“This funding provides the NDOA and its dedicated partner, the North Dakota State University Health, Nutrition and Exercise Science Department, the opportunity to truly make a difference in increasing the education on eye health issues that are so very prevalent in our predominately senior population of our rural state.”*

assess learning. Follow-up telephone questionnaires are planned as part of the program.

“Eating for Your Eyes II: Diabetic Retinopathy” project directors are Kopp and Sherri Stastny, assistant professor, Health, Nutrition, and Exercise Science, NDSU, in collaboration with Julie Garden-Robinson, NDSU Extension.

Diabetes is the seventh leading cause of death in the United States. Diabetic retinopathy accounts for 12,000 to 24,000 new cases of blindness every year and is the leading cause of new cases of blindness in adults.

Prevalence of diagnosed and undiagnosed diabetes is estimated at 23.6 million people (7.8 percent of the population). A disproportionate number of those ages 60 and older, 12.2 million people (23.1 percent of the population) have diabetes.

Of the various ethnic groups, American Indians and Alaska Natives have the highest rates of diabetes (16.5 percent). Prevalence of diabetes has increased by more than 3 million from 2005 to 2007. In North Dakota, 6.1 percent of adults

Stastny, a registered dietitian, will lead workshops throughout North Dakota during 2011-2012.

The HVCA, established in 2003, is a federal program that provides funding directly to communities to improve eye health awareness. Seed money goes to nonprofit and community-based organizations (CBOs) to implement innovative programs or expand existing services to new groups. These types of organizations are often understaffed and underfunded, with little access to funding for education programs. Without HVCA, some would not have the resources to include eye health and vision in their existing programs. Others would not be able to reach and educate higher risk groups, such as people with diabetes and low-income earners.

“Through HVCA, NEI has forged a direct link to the grassroots level, which is where education can make a difference in peoples’ lives by reducing the risk of vision loss and blindness,” said Rosemary Janiszewski, NEI spokesperson for the HVCA Program.

Many HVCA projects target higher risk racial and ethnic groups.

Although HVCA is competitive, there are few restrictions on who can apply for the award. Nonprofit organizations, including CBOs, churches, schools, civic and fraternal groups, and local government health departments and agencies on aging, are eligible.

Applicants must demonstrate sustainability of the proposed program after the funding ends through community collaborations.

Also notable is that community health centers account for four of the 15 award recipients. Following are the 15 2011 HVCA recipients:

❖ Therapeutic Living Centers for the Blind, Resea, Calif., for the Vision Screening and Education Program.

❖ Tulare Community Health Clinic, Tulare, Calif., for the Healthy Vision Promotora Project.

❖ Blindness Prevention Program of the Stout Street Eye Clinic, Denver.

❖ J.C. Lewis Primary Healthcare Center, Inc., Savannah, Ga., for the



# CMS launches attestation for Web-based Medicare EHR Incentive Program

Optometrists and other health care practitioners can now report compliance with the Medicare Electronic Health Records (EHR) Incentive Program's "meaningful use" standards, opening the door to incentive payments.

The U.S. Centers for Medicare & Medicaid Services (CMS) on April 18

Practitioners must also have a National Plan and Provider Enumeration System (NEPPS) user identification number and password. The NEPPS ID and password will be used to log onto the Medicare attestation system.

Practitioners can access both the registration and attestation systems using the Medicare & Medicaid EHR

*Practitioners who have installed EHR systems that have been certified for use in the incentive program and use the new online reporting system to document compliance with the program's EHR utilization objectives could see payments in approximately 30 days.*

launched its new Web-based Medicare EHR Incentive Program Attestation System (<http://tinyurl.com/3bfu5w>).

Practitioners who have installed EHR systems that have been certified for use in the incentive program and use the new online reporting system to document compliance with the program's EHR utilization objectives could see payments in approximately 30 days, according to the CMS.

Practitioners can earn a payment of up to \$18,000 for 2011 and up to a total of \$44,000 (\$48,000 in federally designated Health Professional Shortage Areas) over five years.

Before entering the new attestation system to report compliance with Medicare EHR utilization objectives, practitioners must register for the incentive program and make sure their registration includes the certification number for their EHR system, the CMS notes.

Incentive Program Registration and Attestation System Web page (<https://ehrincentives.cms.gov>).

Both EHR incentive program registration and attestation involve providing required information by completing a series of screens on the Web site.

All practitioners entering the incentive program must document compliance with the program's Stage 1 meaningful use objectives over a 90-day reporting period.

## Attestation assistance

In coming years, practitioners will be required to document compliance with the meaningful use standards by downloading data directly from their EHR systems to the CMS.

However, the CMS

*See Attestation, page 20*

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### Brief Summary of Prescribing Information

#### INDICATIONS AND USAGE

To reduce the development of drug-resistant bacteria and maintain effectiveness of doxycycline hyclate and other antibacterial drugs, doxycycline hyclate should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria. When culture and susceptibility information are available, they should be considered in selecting or modifying antibacterial therapy. In the absence of such data, local epidemiology and susceptibility patterns may contribute to the empiric selection of therapy.

#### CONTRAINDICATIONS

This drug is contraindicated in persons who have shown hypersensitivity to any of the tetracyclines.

#### WARNINGS

THE USE OF DRUGS OF THE TETRACYCLINE CLASS DURING TOOTH DEVELOPMENT (LAST HALF OF PREGNANCY, INFANCY AND CHILDHOOD TO THE AGE OF 8 YEARS) MAY CAUSE PERMANENT DISCOLORATION OF THE TEETH (YELLOW-GRAY-BROWN). This adverse reaction is more common during long-term use of the drugs, but it has been observed following repeated short-term courses. Enamel hypoplasia has also been reported. TETRACYCLINE DRUGS, THEREFORE, SHOULD NOT BE USED IN THIS AGE GROUP, EXCEPT FOR ANTHRAX, INCLUDING INHALATIONAL ANTHRAX (POST-EXPOSURE), UNLESS OTHER DRUGS ARE NOT LIKELY TO BE EFFECTIVE OR ARE CONTRAINDICATED.

#### PRECAUTIONS

General: As with other antibiotic preparations, use of this drug may result in overgrowth of nonsusceptible organisms, including fungi. If superinfection occurs, the antibiotic should be discontinued and appropriate therapy instituted. Bulging fontanels in infants and benign intracranial hypertension in adults have been reported in individuals receiving tetracyclines. These conditions disappeared when the drug was discontinued. Incision and drainage or other surgical procedures should be performed in conjunction with antibiotic therapy, when indicated. Doxycycline offers substantial but not complete suppression of the asexual blood stages of Plasmodium strains. Doxycycline does not suppress P. falciparum's sexual blood stage gametocytes. Subjects completing this prophylactic regimen may still transmit the infection to mosquitoes outside endemic areas. Prescribing doxycycline hyclate in the absence of proven or strongly suspected bacterial infection or a prophylactic indication is unlikely to provide benefit to the patient and increases the risk of the development of drug-resistant bacteria.

#### ADVERSE REACTIONS

Due to oral doxycycline's virtually complete absorption, side effects of the lower bowel, particularly diarrhea, have been infrequent. The following adverse reactions have been observed in patients receiving tetracyclines:

Gastrointestinal: anorexia, nausea, vomiting, diarrhea, glossitis, dysphagia, enterocolitis, and inflammatory lesions (with monilial overgrowth) in the anogenital region. Hepatotoxicity has been reported rarely. These reactions have been caused by both the oral and parenteral administration of tetracyclines. Rare instances of esophagitis and esophageal ulcerations have been reported in

patients receiving capsule and tablet forms of the drugs in the tetracycline class. Most of these patients took medications immediately before going to bed (See DOSAGE AND ADMINISTRATION.)

Skin: maculopapular and erythematous rashes. Exfoliative dermatitis has been reported but is uncommon. Photosensitivity is discussed above. (See WARNINGS.)

Renal toxicity: Rise in BUN has been reported and is apparently dose related. (See WARNINGS.) Hypersensitivity reactions: urticaria, angioneurotic edema, anaphylaxis, anaphylactoid purpura, serum sickness, pericarditis, and exacerbation of systemic lupus erythematosus.

Blood: Hemolytic anemia, thrombocytopenia, neutropenia, and eosinophilia have been reported. Other: bulging fontanels in infants and intracranial hypertension in adults. (See PRECAUTIONS - General.)

When given over prolonged periods, tetracyclines have been reported to produce brown-black microscopic discoloration of the thyroid gland. No abnormalities of thyroid function studies are known to occur.

#### DOSAGE AND ADMINISTRATION

THE USUAL DOSAGE AND FREQUENCY OF ADMINISTRATION OF DOXYCYCLINE DIFFERS FROM THAT OF THE OTHER TETRACYCLINES. EXCEEDING THE RECOMMENDED DOSAGE MAY RESULT IN AN INCREASED INCIDENCE OF SIDE EFFECTS. Adults: The usual dose of oral doxycycline is 200 mg on the first day of treatment (administered 100 mg every 12 hours) followed by a maintenance dose of 100 mg/day. The maintenance dose may be administered as a single dose or as 50 mg every 12 hours.

In the management of more severe infections (particularly chronic infections of the urinary tract), 100 mg every 12 hours is recommended.

For children above eight years of age: The recommended dosage schedule for children weighing 100 pounds or less is 2 mg/lb of body weight divided into two doses on the first day of treatment, followed by 1 mg/lb of body weight given as a single daily dose or divided into two doses, on subsequent days. For more severe infections up to 2 mg/lb of body weight may be used. For children over 100 lbs the usual adult dose should be used. The therapeutic antibacterial serum activity will usually persist for 24 hours following recommended dosage. When used in streptococcal infections, therapy should be continued for 10 days.

Administration of adequate amounts of fluid along with capsule and tablet forms of drugs in the tetracycline class is recommended to wash down the drugs and reduce the risk of esophageal irritation and ulceration. (See ADVERSE REACTIONS.)

If gastric irritation occurs, it is recommended that doxycycline be given with food or milk. The absorption of doxycycline is not markedly influenced by simultaneous ingestion of food or milk. Studies to date have indicated that administration of doxycycline at the usual recommended doses does not lead to excessive accumulation of the antibiotic in patients with renal impairment.

Based on package insert. For full prescribing information, visit [www.ocudox.com](http://www.ocudox.com). Rx only.

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# ODs sixth among health specialties in e-Rx program

Only about one in 10 optometrists who saw Medicare patients (9.27 percent) during the first year of the Medicare e-Rx Incentive Program attempted to earn bonuses for prescribing pharmaceuticals electronically.

However, more than half of those who did take part in

first year.

“Optometrists got off to a reasonably fast start in the Medicare e-Rx initiative, no doubt because many took advantage of programs such as the AOA Web site’s interactive e-Prescribing Readiness Assessment – which provides an orderly step-by-step

and vision care using the latest state-of-the-art technology.”

Ophthalmology ranked third among all physician specialties in terms of practitioners receiving bonuses during the first year of the Medicare e-Rx program. More than twice as many ophthalmologists (3,961) as optometrists earned e-Rx bonuses during 2009, with payments ranging from just under a dollar to \$67,466. Collectively, e-Rx incentive bonuses were worth \$29,683,015 to ophthalmologists.

Under the 2009 Medicare e-Rx program, optometrists and other eligible health care practitioners could earn bonuses – equaling 2 percent of their total Medicare Part B allowed charged for the year – by implementing a qualified e-Rx system and submitting claims indicating that pharmaceuticals were prescribed electronically in at least 50 percent of the cases for which prescribing was appropriate.

No optometrists were denied bonuses for failure to meet the Medicare’s e-Rx program’s “10 percent threshold,” under which at least 10 percent of an eligible health care professional’s Medicare Part B charges must be based on specified billing codes such as the General Ophthalmological Services codes or the Evaluation & Management codes.

For additional information on the Medicare e-Rx Incentive Program, see the AOA Web site’s Electronic Health Records page ([www.aoa.org/ehr](http://www.aoa.org/ehr)).

expansion of the PQRS reporting period from six months to a full year, according to the AOA Advocacy Group. The expanded reporting period allowed more practitioners who infrequently bill Medicare to become eligible for the program.

In some prior PQRS reports, the CMS mistakenly listed optometrists as “non-physicians.” At the AOA’s insistence, the agency this year classified optometry as a “physician specialty,” the AOA Advocacy Group notes.

the program (56.26 percent) successfully earned incentive payments.

That meant some 1,559 optometrists earned a Medicare e-Rx bonus in 2009 – the sixth highest total among all physician specialties participating in the program, the AOA Advocacy Group notes.

The average Medicare e-Rx bonus paid to an optometrist during the initial year of the program was \$1,265 (although the median was somewhat less: \$729). Bonuses earned by optometrists under the program ranged from \$21,048 to \$1.16.

Collectively, optometrists earned \$1,973,493 in e-Rx bonuses during the program’s

## Incentive,

from page 8

(369), Dr. Ellis noted.

In all, 5,923 optometrists submitted at least one PQRS quality data code in 2009. There were 7,387 ophthalmologists reporting at least one code.

According to the CMS, the number of optometrists eligible for the PQRS grew from 22,441 in 2007 to 29,440 in 2008, and 29,940 in 2009.

The increase in the total number of eligible optometrists from 2007 to 2008 probably reflects the

*Collectively, optometrists earned \$1,973,493 in e-Rx bonuses during the program’s first year.*

**CDC,**  
from page 11

of the National Business Coalition on Health.

❖ Understanding who is at risk for type 2 diabetes, and how many Americans could develop the disease in coming decades. Speakers included Edward Gregg, Ph.D., and other CDC scientists who monitor diabetes prevalence.

❖ The increase in gestational diabetes and what that means for pregnant women, their children and the health care system.

❖ Getting healthier, one person at a time. “The Biggest Loser” season 9 contestants O’Neal Hampton Jr. and SunShine Hampton discussed the importance of community in losing weight and getting healthy.

Dr. Ball’s project, “The Massachusetts Diabetes Education Program Coalition: Working together to Manage Diabetes”—Massachusetts Diabetes Education Program (MDEP) was selected for the 2011 Frankie Awards.

The MDEP was a 2010 recipient of a Healthy Eye Healthy People® award. The goal of this HEHP project was to reinforce consistent diabetes messages across the four PPOD disciplines (pharmacy, podiatry, optometry and dentistry) and to promote a team approach to comprehensive diabetes care that encourages collaboration among all care providers.

Coordinated care improves clinical outcomes with the ultimate goal to reduce the morbidity and mortality associated with

diabetes.

The overall goal of the project is to fulfill Healthy People Objective 28-5: Reduce visual impairment due to diabetic retinopathy.

The target audiences who benefited from these efforts include pharmacists, podiatrists, optometrists, dentists, dental hygienists, physicians, nurses, dietitians, and others who provide care to people with or at risk for diabetes.

A PPOD panel presentation was given at multiple continuing education venues to educate Massachusetts PPOD providers to encourage interdisciplinary care and interprofessional referrals for patients with diabetes.

Visit [www.mdepcoalition.org](http://www.mdepcoalition.org) for more information about the MDEP.

The Frankie Awards are named in honor of Frank Vinicor, M.D., MPH, former director of the CDC DDT and a founder of the National Diabetes Education Program (NDEP).

The “Frankies” recognize innovative use of NDEP materials and resources as the cornerstone of diabetes prevention and control programs and initiatives, as well as exemplary promotion and incorporation of NDEP materials and messages into existing programs and activities.

For more information, visit:

❖ <http://www.cdc.gov/diabetes/about/index.htm>

❖ <http://www.cdc.gov/diabetes/ndep/frankieaward.htm>

❖ <http://www.mdepcoalition.org>.



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# 2011

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On the opening day of Optometry's Meeting®, five innovative societies are giving you the chance to increase your knowledge in specific areas of optometry! Don't miss your chance to hear from experts in dry eye and ocular surface disease, glaucoma, the retina, or vision therapy!

**WHEN:** Wednesday, June 15

**WHERE:** Salt Palace Convention Center  
in Salt Lake City, Utah

**Participating Societies:** College of Optimetrists in Vision Development: [www.covd.org](http://www.covd.org)  
Optometric Glaucoma Society: [www.optomtericglaucomasociety.org](http://www.optomtericglaucomasociety.org)  
Ocular Surface Society of Optometry: [www.osssopt.com](http://www.osssopt.com)  
Optometric Retina Society: [www.optometricretinasociety.org](http://www.optometricretinasociety.org)  
Vision Leads Foundation: [visionleadsfoundation@yahoo.com](mailto:visionleadsfoundation@yahoo.com)

Please extend a warm welcome to the Armed Forces Optometric Society (AFOS) and the Utah Optometric Association (UOA) as they join Optometry's Meeting® this year!

**AFOS** - <http://afos2020.org/>    **UOA** - <http://www.utaheyedoc.org/>



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## Attestation, from page 17

could not implement the required technology in time for the start of the EHR incentive program.

As a result, EPs this year will simply be required to report – or “attest” – compliance with the meaningful use objectives.

To assist practitioners with the attestation process, the CMS has introduced a number of new products and services including:

- ❖ The CMS EHR Web site Attestation Page (<http://tinyurl.com/3bfu5wa>) where participants in the Medicare EHR Incentive Program can find important information on attestation.
- ❖ The Meaningful Use Attestation Calculator that allows practitioners to check whether they have met meaningful use guidelines before they attest in the system (see related article). The calculator prints a copy of each practitioner’s specific measure summary.
- ❖ The Eligible Professional User Guide that provides step-by-step guidance for practitioners on navigating the attestation system.

Over the coming weeks, the CMS also plans to introduce:

- ❖ Attestation worksheets – By completing the form with the indicated meaningful use measure values, health care practitioners can use the worksheets to produce a quick-reference tool that can be used while attesting, according to the CMS, and
- ❖ Attestation video Webinars – the Webinars will present the Eligible Professional User Guide in video form, showing how a health care practitioner can complete the attestation process.

For additional information visit the AOA Web site’s EHR page ([www.aoa.org/EHR](http://www.aoa.org/EHR)) or the CMS EHR Incentive Programs Web site (<http://tinyurl.com/2g25y5l>).

## 5 steps to compliance

The Medicare EHR Incentive Program offers optometrists and other health care practitioners the opportunity to earn incentive payments through a five-step process, according to the U.S. Centers for Medicare & Medicaid Services (CMS):

- ❖ Determine eligibility for the EHR Incentive program. Practitioners should first view eligibility guidelines and select the federal EHR incentive program in which they wish to participate, using the CMS Web site’s EHR Incentive Programs Eligibility page (<http://tinyurl.com/6jwlr7q>).
- ❖ Register. Practitioners can then register on Medicare EHR Incentive Program Web site Registration page (<http://tinyurl.com/EHRRegistration>).
- ❖ Use certified EHR technology. Health care practitioners must make sure their EHR technology has been certified by the Office of the National Coordinator for Health Information Technology (ONC). Visit the ONC’s Certified EHR Technology page (<http://onc-chpl.force.com/ehrcert>) for details.
- ❖ Be a “meaningful user.” Practitioners have to demonstrate “meaningful use” for a consecutive 90-day period during their first year of participation in the incentive program (and for a full year during each subsequent year) to receive EHR incentive payments. Visit the CMS Meaningful Use Web page (<http://tinyurl.com/CMSMUpage>) to learn about meaningful use objectives and measures.
- ❖ Attest for incentive payments. To receive an EHR incentive payment, practitioners must attest, through Medicare’s secure Web site (<http://tinyurl.com/3bfu5wa>), that they have demonstrated meaningful use with certified EHR technology.

## Meaningful use attestation calculator

The CMS introduced a new online Meaningful Use Attestation Calculator to help optometrists and other health care practitioners determine if they are ready to successfully complete the attestation process for the Medicare EHR Incentive Program. The Meaningful Use Attestation Calculator effectively allows practitioners to find out if they are compliant with required core and menu meaningful use objectives, and associated measures, before logging onto the Medicare EHR Attestation System. As with the attestation system, health care practitioners can use the Meaningful Use Attestation Calculator by entering data displayed by their certified EHR systems.

After a practitioner enters core and menu meaningful use data, the calculator will indicate whether the practitioner has met the necessary criteria for the objectives. It will indicate in red those measures for which the input values did not meet the required thresholds and will mark them as “failed.” The user can then print a list of the measures that have been entered, with notations indicating whether they have been “passed” or “failed” by the calculator. The online calculator can be used only for core and menu measures. It will not assess compliance with standards for clinical quality measures (CQMs).

The Meaningful Use Attestation Calculator is not linked to the actual EHR Attestation System, CMS officials emphasize. After using the online calculator to assess their readiness, practitioners must re-enter meaningful use data in the attestation system in order to formally apply for incentive payments. In addition to the new online calculator, the CMS has released Stage 1 Meaningful Use Specification Sheets to help health care practitioners better understand the EHR objectives. Health care practitioners can access the calculator, specification sheets and other information on the Medicare EHR Incentive Program by visiting [www.cms.gov/EHRIncentivePrograms](http://www.cms.gov/EHRIncentivePrograms). Practitioners can access the calculator directly at [www.cms.gov/apps/ehr](http://www.cms.gov/apps/ehr).

## Enhanced Visual Performance.



### Bringing Visual Performance Training to the Athlete: A New Paradigm.

Join the AOA Sports Vision Section  
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#### This program:

- describes an effective delivery model which integrates vision enhancement training with state-of-the-art athletic facilities and training programs.
- includes demonstrations of innovative instrumentation for visual performance assessment and training stations along with opportunities for hands-on participation.

Don't miss this exciting opportunity to see how athletes are able to take advantage of vision performance training to be the best they can be.

Date: Saturday, June 18  
Time: 7:00am – 12:30pm  
Location: Athletic Republic facility  
The Orthopedic Specialty Hospital – Murray, Utah  
Cost: \$75\*  
Speakers: Alan Reichow, OD and Graham Erickson, OD

**Register early, space is limited!! Function Code: 0350**

For additional information contact Melissa Flower at [MLFlower@aoa.org](mailto:MLFlower@aoa.org).



American Optometric Association  
Sports Vision Section

This program is generously sponsored by Nike and Vistakon®.  
Supported by Bernell and Athletic Republic.

\* Cost includes breakfast and 4 hours of CE (COPE Approval Pending)



# Crystal Practice Management EHR receives certification

At least five electronic health record (EHR) products developed specifically for optometric practices have been approved for use in the Medicare EHR incentive program.

Austin, Texas-based Abeo Solutions Inc. has announced that its Crystal Practice Management software program has been certified as a complete EHR system for ambulatory health care practices.

The designation officially deems the software capable of enabling practitioners to qualify for EHR incentive funding under the American Recovery and Reinvestment Act (ARRA).

Tested and certified by the Drummond Group – an Office of the National Coordinator-Authorized Testing and Certification Body (ONC-ATCB) – the EHR software is 2011/2012-compliant in accordance with criteria adopted by the Secretary of Health & Human Services.

“The certification validates that Crystal Practice Management can help providers take part in the

electronic revolution that is reverberating across the health care industry,” said company sales director Mark Crowley. “Health care providers can now leverage our software to not only

tioners using the EHR systems of certified vendors are qualified to receive federal stimulus monies upon demonstrating meaningful use of the technology – a key component of the federal

*“Health care providers can now leverage our software to not only make significant care improvements but to also achieve meaningful use and qualify for incentive funds under ARRA.”*

make significant care improvements but to also achieve meaningful use and qualify for incentive funds under ARRA. We are proud to offer providers the opportunity to truly improve care in their communities.”

Drummond Group’s ONC-ATCB 2011/2012 certification program tests and certifies that EHRs meet the meaningful use criteria for either eligible providers, including optometrists.

In turn, health care prac-

government’s push to improve clinical care delivery through the adoption and effective use of EHRs.

The Crystal Practice Management EHR system was developed specifically for use in optometric practices, Crowley emphasized.

The Crystal Practice Management EHR is available for installation immediately, Crowley said.

The system can be used to provide e-prescribing capability free of charge,

using National ePrescribing Patient Safety Initiative (NEPSI) software, or for a minimal \$20 monthly fee using Allscripts software, Crowley said.

The system has been tested for use in reporting 10 clinical quality measures (CQM) that are appropriate for optometric practice.

The Crystal Practice Management EHR is at least the fifth electronic health records product, developed specifically for optometric practices, to be approved for use in the federal HITECH incentive program.

Compulink Business Systems’ Advantage EHR Version 10, Eyefinity/OfficeMate’s ExamWriter Version 10, and First Insight Corporation’s MaximEyes®

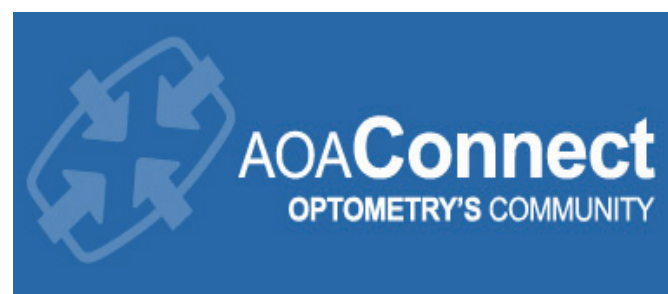
SQL Electronic Health Records Version 1.1.0. have also been certified as complete EHR systems.

Health Innovation Technologies’ Revolution EHR Version 5.1.0, has been certified as an EHR module.

The company plans to seek certification for a complete EHR during the first half of this year.

At least two other optometric EHR providers – QuikEyes Software and Practice Director Software – plan to have their products tested for certification this year.

Additional information on the Crystal Practice Management EHR can be found on the developer’s Web site ([www.crystalpm.com](http://www.crystalpm.com)).



**Patients. Brought to you by the AOA.**  
Whether it's advocating for inclusion in government programs, convincing insurers and employers to open doors, or educating the public about comprehensive eye care, the AOA works to help you keep appointment books full and office phones ringing. [www.aoa.org](http://www.aoa.org)





## Optometry Cares® announces 2011 scholarship grant recipients

**O**ptometry Cares® – The AOA Foundation's Endowment Fund Advisory Committee announces its 2011 Scholarship Grant recipients. Optometry Cares® sponsors an annual essay contest for two separate, distinct national scholarship programs.

Dawn Tank from the University of Missouri – St. Louis College of Optometry was selected for the \$2,500 Dr. Seymour Galina Grant.

This scholarship fund, one of the earliest endowed gifts to Optometry Cares®, was established through a bequest from the late Seymour Galina, O.D., a longtime AOA member.

Optometry Cares® invested the original gift and now uses the earnings to fund the \$2,500 Dr. Seymour Galina Scholarship Grant in perpetuity.

Andrea Sis from the Northeastern State University – Oklahoma College of Optometry was chosen as the national winner for the InfantSEE® Scholarship Grant.

Sis will be awarded \$5,000 and the runner up, Stephanie McLin from the Southern College of Optometry, will receive \$2,500.

The InfantSEE® Scholarship Grant was created by Vision West, Inc. (VWI), a

leading national ophthalmic product buying group to promote InfantSEE®, a no-cost public health program of Optometry Cares®, developed to provide professional eye care for infants nationwide.

"Through these scholarships, Optometry Cares® and its generous sponsors are helping future optometrists concentrate more on completing their optometric education than on their school debt," said Martha Rosemore Morrow, O.D., president of Optometry Cares®. "We are grateful for the ongoing support of the Galina family and Vision West, Inc. for making these scholarships available."

"Supporting Optometry Cares® by continuing to offer the 'InfantSEE® Scholarship' programs is one of the ways Vision West can bring one of the most important issues facing the American public—children's vision—to the attention of AOA members and new graduates," said Joseph C. Mallinger, O.D., president and chief executive officer, VWI.

Each accredited school or college of optometry was invited to submit one nominee for each scholarship topic.

The submissions were evaluated and grant recipients were chosen by the Optometry Cares® Endowment Fund Advisory Committee.



**Dawn Tank**



**Andrea Sis**



**Stephanie McLin**

## InfantSEE® Facebook page reaches 2,000

InfantSEE® is grateful to the growing interest and interaction taking place on its Facebook page. The program reached a new milestone on May 1 when the 2,000th individual "liked" the page.

The page has steadily added a few to its numbers every week; in less than two months the InfantSEE® Facebook page was liked by more than 100 Facebook users.

Among the 2,000 are optometry students, moms of infants who have recently had their InfantSEE® assessments or have it scheduled and InfantSEE® providers.

"With young mothers and families, it is important to maintain communication in the manner in which they are often most comfortable," said Glen T. Steele, O.D., chair of the InfantSEE® Committee. "Reaching the 2,000 friends level is a significant milestone in getting out the message about the importance of early assessment and intervention with these parents."

Parents' questions have been answered by Facebook users who are also InfantSEE® providers.

For enthusiastic patients who want to share their excitement about the InfantSEE® program, encourage them to like the page at <http://www.facebook.com/#!/pages/InfantSEE/410118150432>.

Optometry Cares® hopes AOA members will join the conversation too.


## VISION USA<sup>SM</sup> patient expresses thanks

"To VISION USA,

I am sending you this letter to express my gratitude and thankfulness for the opportunity that has been given to me to receive a free eye exam. From the application process to the eye exam was a great experience overall. The Briggs Group was a convenient location along with a fantastic staff. The staff was kind, friendly, and respectful. I truly enjoyed my visit thoroughly.

Again, thank you so much. I greatly appreciate your generosity.

Sincerely,  
Magenta S., Georgia"




Do more than just read it online

AOA members have access to **Optometry** content on the Journal's dedicated website [www.optometryjaoa.com](http://www.optometryjaoa.com). This full-text site offers a variety of features and functions, including:

- Searchable full-text versions of each article, with the ability to save searches
- Access to valuable archives
- Links from articles references to abstracts
- Ability to view related articles by topic or authors
- Searchable Medline database
- E-mail alert and personalization features
- Receive news of the top 25 articles downloaded

In addition, the Journal's website features a "Submit Your Manuscript" link that directs authors to the Elsevier Editorial System (EES) website (<http://ees.elsevier.com/optm/>) where authors will find information on author guidelines, submissions, and manuscript preparation.

Visit [www.optometryjaoa.com](http://www.optometryjaoa.com) to begin using the website today!





See the Difference.  
**See the Need.**  
See the Future.



2010 Annual Report





## Board of Directors

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Member  
Fort Worth, Texas



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Every effort has been made to correctly list the names of all donors. If your name is listed incorrectly or has been omitted, please notify Sara Breed at 800-365-2219, ext. 4200.

**Martha Rosemore Morrow, O.D.** | President

**Shannon Reynolds Torbett, MHP** | Administrative Director

**Julie Mahoney** | Writer

**Sara Breed** | Contributor

**Gene Abbey** | Designer



## President's Message

Focusing on differences is rarely a positive thing. In the case of The AOA Foundation, however, we **See the Difference** and celebrate. In 2010, we took on a new name, Optometry Cares® – The AOA Foundation, with a new logo and a new mission **“to expand access to eye health and vision care to everyone in the U.S. in order to enhance human performance and quality of life.”**

The “in the U.S.” part of the mission describes how Optometry Cares® is different from many worthy foundations that provide vision care abroad. Optometry Cares® serves Americans of all ages who obtain their eye health and vision care through InfantSEE®, VISION USA<sup>SM</sup> and the Healthy Eyes Healthy People® Community Grants Program. For many of these individuals having low incomes and no insurance prevent them from accessing the vision care they need.

The Optometry Cares® volunteer network makes these donated eye exams possible. We are incredibly grateful to the AOA members who **See the Need** in thousands of communities across the United States and choose to respond as providers.

In addition to its community health programs, Optometry Cares® also administers a scholarship program for optometry students through the Endowment Fund, provides financial assistance to optometrists who have been affected by natural disasters, preserves the profession's history through The Archives & Museum of Optometry and honors the profession's visionaries through the National Optometry Hall of Fame.

As you learn more about Optometry Cares®' 2010 activities, I invite you to consider how you will lend your support in the coming year. We **See the Future** as bright and promising for those we serve through the ongoing support of the optometric community. Each dollar raised and each provider donation offered expands Optometry Cares®' ability to meet the needs of tens of thousands of Americans every year.

*“I invite you to consider how you will lend your support in the coming year. We see the future as bright and promising for those we serve through the ongoing support of the optometric community.”*



*Martha Rosemore Morrow, O.D.*

Martha Rosemore Morrow, O.D. | President



VISION USA<sup>SM</sup>, IN ITS 19TH YEAR,  
helped connect low-income, uninsured Americans  
with caring, compassionate VISION USA<sup>SM</sup> providers  
who donated the exams that are not always so  
easily accessed elsewhere.



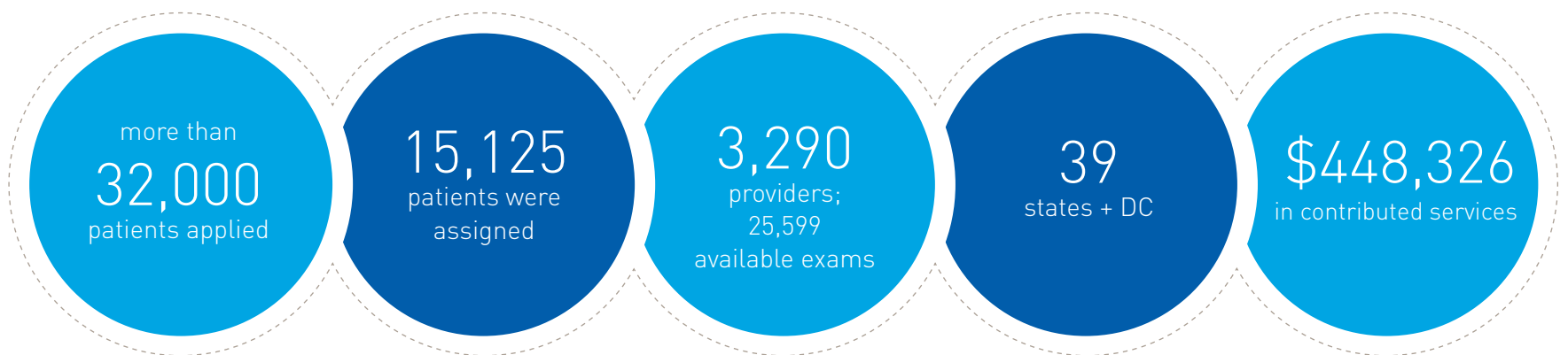
**Donor Opportunities:**

- Become a VISION USA<sup>SM</sup> provider in your community by sending an e-mail to [visionusa@aoa.org](mailto:visionusa@aoa.org)
- Encourage colleagues at local society meetings to join the effort



The AOA Foundation  
**VISION USA**  
Volunteers In Service In Our Nation





In 2010, the Foundation Board, VISION USA<sup>SM</sup> committee members and staff devoted the year to making program enhancements that will position VISION USA<sup>SM</sup> to better meet the continually growing demand for services while being able to support the providers who make the exams possible—now and for years to come.

*“The VISION USA<sup>SM</sup> committee would like to thank all the ODs who participate in the program. You are the foundation of a great program that continues to provide quality eye care to those in our communities less fortunate than ourselves. You will see improvements in the program in 2011 for both you and your patients. Please accept my sincerest congratulations on making VISION USA<sup>SM</sup> the best domestic charity in the eye care community.”* – J. Maxwell Ernst, O.D., VISION USA<sup>SM</sup> chair

The thank you letters sent by grateful recipients tell the VISION USA<sup>SM</sup> story best:

*“I wish to take this opportunity to thank all of you at VISION USA<sup>SM</sup> for the kindness you have shown at a time when I really needed it. I applied for your services for I was in need of an eye exam and my unemployment had run out several months ago. Some weeks it is impossible to buy groceries. Your foundation paid for my eye exam and my glasses! Thank you so much. You have made a difference!”*  
*Sincerely, Lisa B., Missouri*

*“I would like to thank you for finding Dr. Bateman for my eye care. I had been wearing my mother’s glasses since my purse was stolen, and financially I can afford nothing at this time. I do hope and plan on paying Dr. Bateman back in time. It has been over five years since my eyes were looked at, and I learned from Dr. Bateman that I have dry eye, floaters, and glaucoma... I will stay with Dr. Bateman for eye care in the future. I appreciate that your organization was announced on the program The Doctors, which gives medical information or I would never be expecting glasses now to see.”*  
*With Faith in Him,*  
*Joy J., Nebraska*  
*PS: Today the 10th I received my glasses. Thank you so much!*



# THE BABIES WHO FIRST RECEIVED AN INFANTSEE® EXAM IN 2005 ARE NOW KINDERGARTNERS! WHAT A MILESTONE FOR THESE CHILDREN AND THE INFANTSEE® PROGRAM.



Over the past five years, InfantSEE® has continued to expand its network of non-optometric organizations that support and carry the InfantSEE® message to their constituents:

parents and grandparents of infants. In 2010, the list of new collaborations included The United Way of South Carolina and Text4baby, a new free mobile information service providing timely health information to pregnant women and new moms from pregnancy through a baby's first year.

InfantSEE® received a second round of federal funding based on the success of the CDC federally-funded grant program the previous year. The funding was issued by Health Resources and Services Administration (HRSA). The

South Carolina InfantSEE® Week Tour launched the two-year

project in September and featured mobile clinic stops throughout the state as well as exams in

offices. The HRSA funding will allow a variety

of outreach events to take place in nine states through 2012 including Arkansas, Iowa, Maine, Mississippi, New Mexico, Ohio, South Carolina, Tennessee, West Virginia and South Carolina.

InfantSEE® launched its social media presence on Facebook, and maintains a steady increase in fans. Potential "spokesfamilies" have been identified through this medium while keeping InfantSEE® front and center with many optometry students.

## ➔ Donor Opportunities:

- Inform families of infants that a lifetime of vision care begins during infancy
- Become an InfantSEE® provider in your community by sending an e-mail to [infantsee@aoa.org](mailto:infantsee@aoa.org)
- Become a "Fan" of InfantSEE® on the Facebook page at <http://on.fb.me/g6vqaU>





*"The InfantSEE® Committee and staff worked diligently to raise the awareness of the program outside of optometry. We exhibited at several organizations that address the needs of the young child. Since then, we have facilitated meetings between leaders of those organizations and optometric leaders in a number of states. InfantSEE® providers have now served as the primary provider in a number of significant diagnoses, including five retinoblastoma cases and two congenital cataracts. With the data showing one in six requiring closer follow-up, initiating services for these young patients is critical in their overall health and development."*

– Glen T. Steele, O.D., chair InfantSEE® Committee



The 5th Annual Dr. W. David Sullins, Jr. InfantSEE® Award was presented to **Jeffrey Anastasio, O.D.** during a presentation in the House of Delegates at Optometry's Meeting® in Orlando, Fla.

8,741  
providers

14,213  
assessment  
forms returned

Estimated  
1 in 7  
infants has  
cause  
for concern

New suggested  
guidelines  
define cause  
for concern

\$1,704,281  
in contributed  
services



IN THE SPIRIT OF PUBLIC HEALTH, the American Optometric Association and Optometry Cares teamed up to administer the 2010 Healthy Eyes Healthy People® (HEHP) Community Grants Program. The goal of HEHP has always been for optometrists to promote change within community health programs so that vision services are provided and optometry is recognized as a vital component to the health care system.

HEHP benefited from the generous continued financial support of Luxottica to award state associations with grants for programs ranging from uncorrected refractive error in a homeless population and children's vision to reducing visual impairment due to diabetic eye disease and other age-related diseases.

Grants were awarded to optometric associations in the following states: Alaska, Alabama, Arkansas, California, Georgia, Iowa, Massachusetts, Minnesota, Missouri, Nebraska, New Jersey, New York, Oregon, Utah and Washington.



HEHP grant projects set out to meet the visual needs of various groups.





*"The Community Grants Committee has given over \$1 million in small grants to a variety of researchers, eye health educators and optometric institutions that have made the difference in thousands of lives by allowing those patients the opportunity to seek eye care earlier and more accessibly and remove the hurdles to learning and productivity that poor eyesight causes,"*

Fred H Dubick, O.D., chair,  
Community Grants Committee.

*"During the past six years, we have seen the Healthy Eyes Healthy People projects in action across almost every state in the United States, with programs ranging from vision care for the homeless to preschool vision screenings and diabetes awareness projects," said Andrea Dorigo, president, Luxottica USA. "We have seen how these innovative community outreach programs promote both eye health and disease prevention."*



**Donor Opportunity:**  
Develop proposal  
for 2012 HEHP  
Grant period  
and submit to  
[foundation@aoa.org](mailto:foundation@aoa.org).

15  
state  
optometric  
association  
recipients

20  
grants  
distributed

\$80,000  
support from  
Luxottica

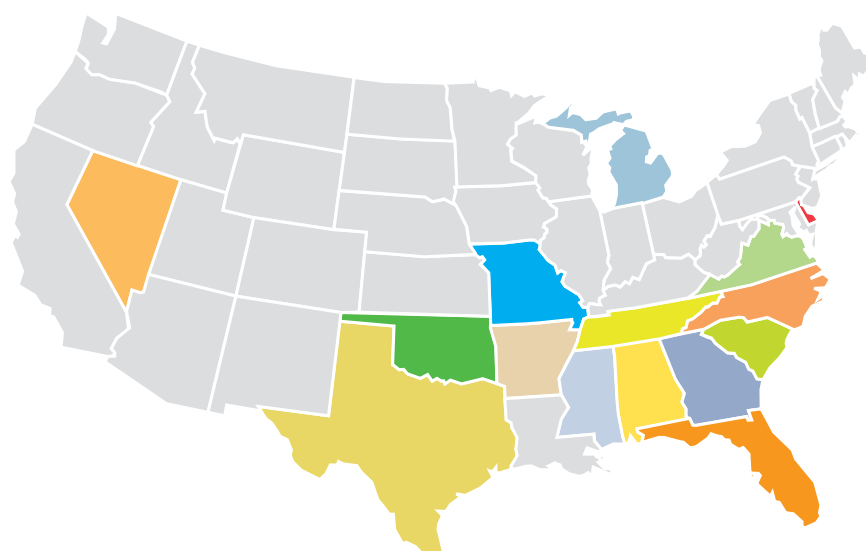


# VOLUNTEERISM

The providers who donate their time and services form the backbone of Optometry Cares®. The thousands of examinations performed each year would not be possible without the generous and committed efforts of the Foundation's network of providers. Please visit [www.aoafoundation.org/volunteers](http://www.aoafoundation.org/volunteers) to see a listing of the Foundation's generous volunteers. Interested in joining your colleagues? Simply send an e-mail to [foundation@aoa.org](mailto:foundation@aoa.org) to sign up to become an InfantSEE® or VISION USA<sup>SM</sup> provider (or better yet, both!)



The map illustrates where additional providers are needed to meet the current demand of low-income, uninsured patients who apply daily for VISION USA<sup>SM</sup> services.



- |            |            |             |                  |                  |
|------------|------------|-------------|------------------|------------------|
| • Texas    | • Arkansas | • Florida   | • Missouri       | • Delaware       |
| • Nevada   | • Georgia  | • Tennessee | • Alabama        | • Mississippi    |
| • Oklahoma | • Virginia | • Michigan  | • South Carolina | • North Carolina |



Doctors and staff at Hansen Vision Clinic in Greenville, Mich., hosted a VISION USA day in February 2010.



Optometry Cares prepares for the profession's future and honors its past through a variety of separate efforts, which include: the Endowment Fund's scholarship programs, Optometry's Fund for Disaster Relief, The Archives & Museum of Optometry and National Optometry Hall of Fame.

**Endowment Fund** Optometry Cares is committed to supporting the profession's future—its current optometry students through scholarships that help offset their student debt load while introducing them to philanthropic opportunities that will be available to them as new graduates.

Optometry Cares' Endowment Fund Advisory Committee selected the following students as scholarship recipients in 2010: Jeremy Dell, Southern College of Optometry, \$2,500 Dr. Seymour Galina Grant

Dr. Galina and his family continue to be remembered for his generous love of the profession through this \$2,500 scholarship grant, which is awarded to one optometry student whose paper is judged to be the best essay.

Laura Lossing, Ohio State University College of Optometry, \$5,000 InfantSEE® Scholarship Grant

Jennifer Hodgen, runner up, Southern California College of Optometry, \$2,500 InfantSEE® Scholarship Grant

The InfantSEE® Scholarship Grants were created by Vision West, Inc., a leading national ophthalmic product buying group. *"The mission statement of InfantSEE® is the key to why Vision West, Inc. created and continues to support the InfantSEE® Scholarship Grant,"* said Dr. Joseph C. Mallinger, President and CEO of Vision West, Inc. *"Our hope is that through this scholarship, students will become more aware of this InfantSEE® program and soon become ambassadors of the program as they graduate and enter practices of their own."*

**Donor Opportunity:**

- Create a scholarship in your name to support current and future optometry students

**Optometry's Fund for Disaster Relief** Since one never knows when the next storm or disaster will strike, Optometry Cares stands poised to assist optometrists when their homes and/or practices are affected by a federally declared disaster. Immediate financial assistance is available to eligible applicants whose daily life has been interrupted by storm damage. Optometry's Fund for Disaster Relief was established to assist optometrists so that they can get back to the business of seeing patients.

The 2010 hurricane season passed without incident, but Optometry Cares is determined to be ready for each time a storm hits.

**Donor Opportunity:**

- Make a financial gift to the Fund to prepare for hurricane season or other natural disasters that might strike.

**The Archives & Museum of Optometry** increased its focus on development and promotion of its historical collections in 2010. The year's most significant project was the creation of two timelines of optometric/AOA history. The new "What We Collect" section was added to the Web site, which describes the range of materials collected by The Archives & Museum of Optometry; 16 material donations were received.

The Archives & Museum of Optometry also helped build the collections of three new optometry schools with duplicates from its collection.

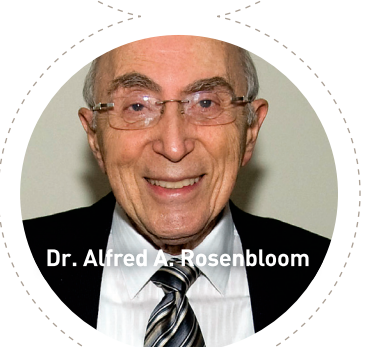
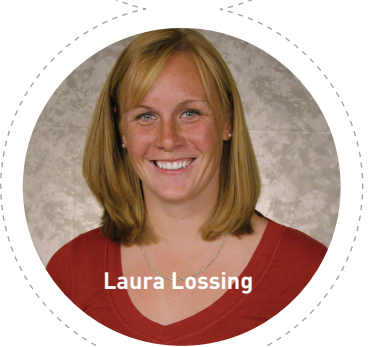
**Donor Opportunities:**

- "Rescue" an historical conference photo that is in need of restoration
- Donate journals, and newsletters, personal papers, photographs, artifacts and memorabilia

**National Optometry Hall of Fame** inducted James R. Gregg, O.D., DOS, DOL, (posthumously) and Alfred A. Rosenbloom, O.D., DOS in 2010.

**Donor Opportunity:**

- Submit a nomination for the 2012 National Optometry Hall of Fame selection period.





# FINANCE & FUNDRAISING

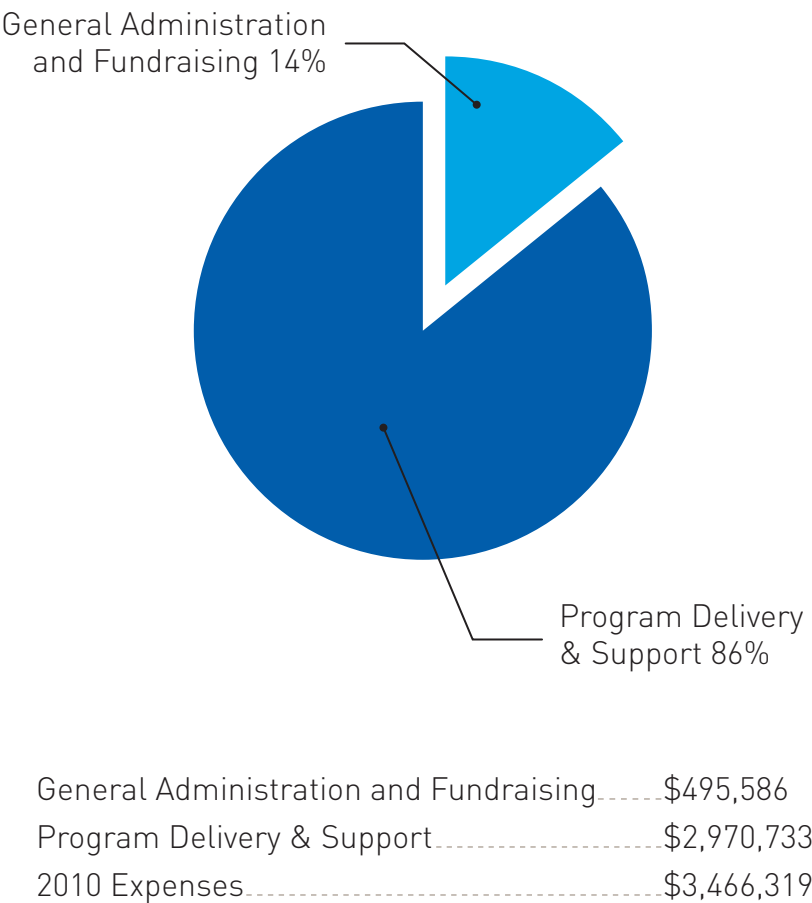
- Johnson & Johnson, Luxottica and Peter Kehoe made five-year pledges totaling \$75,000 to the Dr. Pat and Patrick Cummings Memorial Fund.
- Optometry’s Got Talent raised \$47,000 during the event held at Optometry’s Meeting® in Orlando, Fla. ➔
- For a third consecutive year, the staff at Cockrell Eyecare Center in Stillwell, Okla., pledged their support of Optometry Cares and its programs through payroll deduction. The collective gift for 2010 was \$10,000—a 66.67% increase.
- A joint workplace giving campaign was held in the AOA St. Louis and Alexandria offices; staff contributions benefited both Optometry Cares and the United Way, and raised \$10,786 for Optometry Cares.
- Alcon and Transitions Optical, Inc. supported VISION USA’s efforts to jumpstart Optometry Cares’ targeted outreach to ODs about the need for more participation to meet its growing patient demand.
- Vistakon, Johnson & Johnson Vision Care Inc. continued its generous support of InfantSEE® in 2010.



## For the Calendar Year Ended December 31, 2010

<b>TOTAL ASSETS</b>	\$604,942
<b>TOTAL LIABILITIES</b>	\$82,119
<b>TOTAL NET ASSETS</b>	\$522,823
<b>REVENUE</b>	
Contributions	\$143,975
Grants	\$220,604
Contributed Services	\$2,152,607
Industry Sponsorship	\$306,007
Other	\$46,786
Temporarily Restricted Contributions	\$18,967
Satisfaction of Temporarily Restricted Contributions	\$103,759
Total Revenues	\$2,992,705
<b>EXPENSES</b>	
Archives & Museum of Optometry	\$74,574
Endowment Fund & OFDR	\$74,574
InfantSEE®	\$2,127,520
VISION USA <sup>SM</sup>	\$654,880
General Administration and Fundraising	\$495,586
Release of Temporarily Restricted Funds	\$103,759
Total Expenses	\$3,466,319
Transfer from AOA	\$1,500,000
Net Surplus (Deficit)	\$1,026,386

## 2010 Expenses





2010 Honor Roll of Giving

The following individuals & organizations made contributions to Optometry Cares - The AOA Foundation during the 2010 calendar year. These generous gifts support VISION USA<sup>SM</sup>, InfantSEE<sup>®</sup>, the Endowment Fund, the Book of Memory & Tribute, Healthy Eyes Healthy People<sup>®</sup>, the Archives & Museum of Optometry, National Optometry Hall of Fame as well as Optometry’s Fund for Disaster Relief. Every effort has been made to correctly list the names of all donors. If your name is listed incorrectly or has been omitted, please notify Sara Breed at 1-800-365-2219, ext. 4218.

AOA Affiliations

Alabama Optometric Association  
American Optometric Association  
Connecticut Association of Optometrists  
Delaware Optometric Association  
Florida Optometric Association  
Georgia Optometric Association  
Illinois Optometric Association  
Kansas Optometric Association  
Michigan Optometric Association  
Minnesota Optometric Association  
Mississippi Optometric Association  
Montana Optometric Association  
Nebraska Optometric Association  
New Jersey Society of Optometric Physicians  
New Mexico Optometric Association  
New York State Optometric Association  
North Dakota Optometric Association  
Ohio Optometric Association  
Oklahoma Association of Optometric Physicians  
Optometric Physicians of Washington  
Optometry Association of Louisiana  
Pennsylvania Optometric Association  
South Carolina Optometric Physicians Association  
West Virginia Optometric Association  
Wisconsin Optometric Association

Schools & Colleges of Optometry

Illinois College of Optometry  
Southern College of Optometry

Corporations, Foundations & Organizations

Alcon Foundation, Inc.  
Cleinman Performance Partners  
Essilor of America, Inc.  
Luxottica Group  
Stinson Morrison Hecker, LLP  
The Vision Council, Inc.  
Transitions Optical, Inc.  
Vision West, Inc.  
Vistakon<sup>®</sup>, Division of Johnson & Johnson  
Vision Care, Inc.  
Doctors Vision Center  
DVC of Virginia, P.C.  
International Association of Optometric Executives  
International Vision Expo West  
SECO International, LLC.  
VELO Girardeau Bicycle Club

Individuals & Practices

Alaska

Tracy Oman  
William C. Reichman, O.D.  
Rina Salazar

Alabama

Catherine Amos, O.D. & John Frederick Amos, O.D.  
Shelly B. Chumbler, O.D.  
Douglas Curtis Clark, O.D.  
Harold S. Cohen, O.D.  
G. Robert Crosby, O.D.  
Martha Greenberg, O.D.  
Lynn Smith Hammonds, O.D.  
Joseph C. Harrell, O.D.  
Danny L. Hartzog, O.D.  
Jimmy R. Hollis, O.D.  
James Marbourg, O.D.  
David Duane Mohon, O.D.  
Kenneth Ray Moultrie, O.D.  
Timothy C. Nichols, O.D.  
Rodney Nowakowski, O.D.  
Gina Owens, O.D.  
Samuel Pierce, O.D. & Kimberly Pierce  
Jack L. Schaeffer, O.D.  
Duane M. Schrock, O.D.  
Paul Franklin Vandiver, O.D.

Arkansas

John Buck, O.D.  
John Mark Davis, O.D.  
Vicki Farmer  
Robert W. Smalling, O.D.

Arizona

Manisha Bhatnagar Geiger, O.D.  
Gary Grammond, O.D.  
Donald E. Jarnagin, O.D.  
George K. Johnson, O.D.  
Donald Lynn Jones, O.D.  
Alvin Levin, O.D.  
Scott David Mullane, O.D.  
Kristia Owens, O.D.  
Shannon Steinhauser, O.D.  
Pamela E. Theriot, O.D.

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Linda Branagan, PhD  
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Ernest Nankas, O.D.  
Cindy Y. Sakihara, O.D.  
Peter Shaw-Mcminn, O.D.  
David Simpson, O.D.  
Lauren R. Tobin, O.D.

Colorado

Deanna S. Alexander, O.D.  
Steven Bethka, O.D.  
Steven Arthur Loomis, O.D. & Kathy Loomis  
Dennis S. McGuire, O.D.  
Mitchell T. Munson, O.D. & Susan Brunnett, O.D.  
Deborah Fitzgerald Roos, O.D.  
Kent G. Yount, O.D.

Connecticut

Mark Richard Chasse, O.D.  
Wayne Michael Levasseur, O.D.  
Henry B. Samson, O.D.  
Billy Weitzer  
Edith Zeldes

Delaware

Philip J. Gross, O.D.  
Yvonne S. Kneisley, O.D.  
Joseph Senall, O.D.

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Troy L. Bedinghaus, O.D.  
Irving Bennett, O.D.  
Maria T. Bise, O.D.  
Howard J. Braverman, O.D.  
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## And the award goes to...

A U.S. president's daughter was recipient of the AOA's highest award – the Apollo Award – in 1973.

Luci Johnson Nugent was presented the award by AOA President J. C. Tumblin, O.D., during the 1973 annual meeting in San Francisco.

Ten years earlier, Luci had been diagnosed with poor ocular coordination and perceptual-motor problems.

Optometric vision training improved her performance and she was forever grateful.

Nugent was recognized for her contributions through service to visually disadvantaged children and organizing and working with volunteer vision screening groups throughout the nation.

She was active in Volunteers for Vision, a program of the Women's Auxiliary to the AOA.



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# Spring brings opportunities for sports vision awareness

The return of warm weather in spring prompts an increase in outdoor and athletic activity. That can offer optometrists an opportunity to promote eye safety, encourage visual training, and promote physical activity as a means of preventing

outreach activities, notes Gary L. Etting, O.D., AOA SVS chair.

Inclusion of protective eyewear utilization as a recognized objective under Healthy People 2020, the U.S. Department of Health & Human Service's official national public health agenda

dren and adolescents (ages 6 to 17) as well as among 43.7 percent of adults.

Every 13 minutes a sports-related eye injury is treated in an emergency room in the United States, according to the National Eye Institute (NEI).

The majority of those eye injuries occur in children under the age of 15.

Most can be prevented with the use of protective eyewear, according to the institute.

Efforts to promote the use of safety eyewear in sports and recreational activities can often have the additional benefit of encouraging the use of proper safety eyewear at work or in hazardous environments around the home, Dr. Etting notes.

To help increase awareness of the role good vision plays in athletic performance, the AOA recently introduced its new line of "See Better, Play Better" canvas artwork prints (see related article).

"Many youths, parents and coaches may still not

*See Sports, next page*

*Every 13 minutes a sports-related eye injury is treated in an emergency room in the United States, according to the National Eye Institute (NEI).*

systemic conditions, such as diabetes, hypertension and obesity, that can result in eye problems, according to the AOA Sports Vision Section (SVS).

Participation in nationally recognized observances such as National Youth Sports Safety Month (April) or National Physical Fitness and Sports Month (May), as well as campaigns like First Lady Michelle Obama's Let's Move campaign, can provide optometrists opportunities to conduct public

for the decade, should spur both optometrists and the public at large to encourage the use of proper eye protection by both children and adults during athletic and recreational activity, Dr. Etting contends (see box on next page).

Focusing on the use of personal protective eyewear in both recreational activities and hazardous situations around the home, the HHS hopes to achieve the use of appropriate eye protection among 18.2 percent of chil-

## National sports-related health observances

### May

National Physical Fitness and Sports Month – Sponsored by President's Council on Physical Fitness and Sports, this observance is intended to promote the benefits of physical activity including its importance in the control of type 2 diabetes. A variety of resources are available on the council's Web site ([www.fitness.gov](http://www.fitness.gov)).

### August

Children's Eye and Safety Month – Prevent Blindness America will disseminate information about amblyopia (a condition that can affect 2 percent to 3 percent of children), as well as tips on the prevention of eye injuries in children, signs of possible eye problems, and general eye health. For additional information, see the [www.PreventBlindness.org](http://www.PreventBlindness.org).

### September

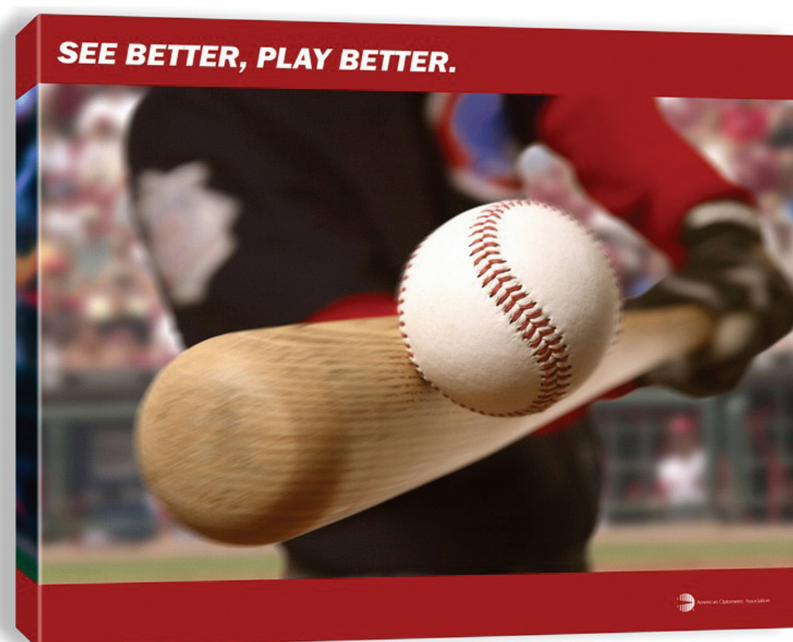
Sports and Home Eye Safety Month – There are thousands of eye injuries each year related to common household products and sports, according to Prevent Blindness America. The organization offers tips on how to protect adults and children from such eye injuries. For additional information, see [www.preventblindness.org](http://www.preventblindness.org).

### April

National Youth Sports Safety Month – Supported by more than 60 organizations (including the American College of Sports Medicine, the President's Council on Physical Fitness and Sports, and the United States Olympic Committee), the National Youth Sports Safety Foundation's National Youth Sports Safety Month program offers safety tip sheets for children, guidelines for coaches and parents, and suggestions for special events to promote sports safety ([www.nyssf.org/campaign.html](http://www.nyssf.org/campaign.html)).

Additional eye health awareness efforts can be found on the AOA Web site Health Observances Calendar ([www.aoa.org/x5940.xml](http://www.aoa.org/x5940.xml)).

## AOA Order Dept. features See Better, Play Better prints



"See Better, Play Better" is the theme of the latest series of AOA Brand Promise four-color art prints to be offered by the AOA Order Department.

Suitable for display in optometric practices and other settings, the seven new 20" by 24" canvas prints – designed to remind patients of the importance of vision in sports performance – depict scenes of baseball, golf, soccer, and hockey.

The Brand Promise series now offers a total of 40 high-quality art prints with themes ranging from children's vision to eye care for older adults.

All prints come ready to hang with hardware included and no framing required.

Prints are \$89 for AOA members and \$133.50 for non-AOA members (plus shipping and tax where applicable).

Prints can be viewed on the AOA Brand Promise Web site ([www.aoabrandpromise.com](http://www.aoabrandpromise.com)).

To order call the AOA Order Department at 800-262-2210 or log onto [www.aoa.org/onlinestore](http://www.aoa.org/onlinestore).



## Sports, from previous page

realize that simple vision correction can markedly improve a child's ability to see a ball and perform better on an athletic field," Dr. Etting said. "Fewer still understand that there are sports vision training programs to improve the binocular vision, eye tracking, and eye coordination necessary for good sports performance."

"In line with the AOA's ongoing efforts to ensure all children undergo comprehensive eye examinations, involvement in youth sports programs can be an effective way to engage parents who might not otherwise be inclined to seek comprehensive eye or vision examinations for their children. In that way, sports vision programs can help to diagnose and correct eye or vision problems which might impair academic as well as athletic performance," Dr.

Etting said.

The AOA SVS offers a variety of materials appropriate for use in sports or recreational vision programs including its Junior Olympics Sports Vision Evaluation Protocols, Sports Vision Guidebook Series, Sports Vision University Education Program, and SVS Eye Emergency Triage Card [see the AOA Web site's Sports Vision page ([www.aoa.org/x4787.xml](http://www.aoa.org/x4787.xml))].

Patient information is available through the Sports and Vision link on the AOA Web site's Caring for Your Vision page ([www.aoa.org/x4724.xml](http://www.aoa.org/x4724.xml)).

"Help improve the health of our nation. Take advantage of this time of year to discuss the health and eye benefits of athletic participation, protection of eyes while playing sports, and the need for comprehensive eye exams," Dr. Etting said.

## Healthy People 2020 protective eyewear objectives

V-6: Increase the use of personal protective eyewear in recreational activities and hazardous situations around the home.

V-6.1: Increase the use of personal protective eyewear in recreational activities and hazardous situations around the home among children and adolescents age 6 to 17 years.

Target: 18.2 percent.

Baseline: 16.5 percent of children and adolescents age 6 to 17 years used personal protective eyewear in recreational activities and hazardous situations around the home in 2008.

Data source: National Health Interview Survey (NHIS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS).

V-6.2: Increase the use of protective eyewear in recreational activities and hazardous situations around the home among adults age 18 years and over.

Target: 43.7 percent.

Baseline: 39.7 percent of adults age 18 years and over used protective eyewear in recreational activities and hazardous situations around the home in 2008.

Data source: National Health Interview Survey (NHIS), NCHS, CDC.

(For information on additional Healthy People® objectives that may be relevant to sports vision projects, see "Healthy Eyes Healthy People 2020" in the March edition of *Optometry: Journal of the American Optometric Association*.)



American Optometric Association

## Electronic health records are here. Is your practice ready?

**The age of electronic health records (EHRs) is here and the American Optometric Association, in collaboration with State Affiliates, supports practicing optometrists.**

- Federal EHR incentives begin January 1, 2011.
- The national EHR infrastructure – the Nationwide Health Information Network is scheduled to begin operations in 2014.
- Medicare begins penalizing practitioners who do not use EHRs in 2015.

**The AOA's Electronic Health Records (EHR) Preparedness Program for Optometry offers practical guidance on EHR implementation through:**

*Enhancing Patient Care through Implementation of EHRs, a comprehensive EHR continuing education course at state optometric association meetings.*

*The AOA Electronic Health Records Page, a one-stop, online EHR information source for optometrists, on the AOA Website at [www.aoa.org/EHR](http://www.aoa.org/EHR).*

**For more information on current 2011 scheduled courses, visit [www.aoa.org/EHR](http://www.aoa.org/EHR) and click on Scheduled Course Dates.**



[www.aoa.org/EHR](http://www.aoa.org/EHR)

Click on Scheduled Course Dates

The AOA Electronic Health Records (EHR) Preparedness Course is generously supported by:

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# Omni Eye Services: A recipe for success

## Profile of AOA Trustee Christopher Quinn, O.D.

Since the mid-80s, Dr. Christopher Quinn has been making a difference in patients' lives and supporting optometric colleagues through a unique business model that operates on community OD referrals for specialty care services only. It's a model that has served the profession of optometry, the referring primary care ODs, and his practice, Omni Eye Care, quite well.

*Q: What is it about the profession that makes you so passionate about it? In other words, what motivates you?*

A: I love our profession. It offers a rare mix of diversity in practice, from having the ability to save a life, save an eye, or save/rehabilitate what most people consider to be their most precious sense — vision.

*Q: On the flip side, what is it about the profession that gives you cause for concern?*

A: As the profession has worked over the past 50 years to be an integrated part of our health care system, we must also increasingly accept the burdens that system imposes on us. This creates tremendous pressure on all health care professions, including optometry. We face increasing regulation, challenges with payment policy and new uncharted territory in ongoing education and accountability for quality care.

*Q: Can you share more information about the specifics of your practice and how you go about fulfilling your goal of providing quality vision care for your patients.*

A: My practice is unique. In the mid-1980s, optometry went through a mini-revolution in how they worked together with ophthalmology. The recognition by a few visionaries in the profession of the inherent conflict of interest that most community ophthalmologists have with the ODs in their community was recognized. ODs were forced to refer to a provider (ophthal-

mologist) who was in fact, a competitor, since those same ophthalmologists provided, for the most part, the same primary care services offered by the referring doctor. Most ophthalmologists worked to steal OD patients that were referred to them, solicited patient referrals from these patients, or otherwise denigrated the care provided by the OD. These same ophthalmologists saw their practices grow larger and faster than OD practices and worked against optometry scope of practice and access initiatives. To combat this conflict of interest by ophthalmologists, the concept of the referral center was born.

These practices (referral centers) seek referrals from community ODs, provide high quality surgical care and do not offer competing primary care services. Once the advanced medical or surgical care is rendered, patients return to the referring optometrist for ongoing care. The patients referred always remain the patient of the referring doctor and the care the referring doctor provides is respected by the providers at the referral center practice. The referral center remains dependent on the referring doctors for its continued survival, since it has not developed its own patient base. My practice was one of the original referral center practices started in 1986. Currently, we have five offices, a laser refractive facility, an ambulatory surgery center, and employ six subspecialty trained ophthalmic surgeons and nine optometrists. We receive patient referrals from over 500 community ODs, and uphold our commitment to offer no primary care services and support the profession of optometry.

*Q: Dr. Joe Ellis has started to refer to health care reform as the "game changer". Since you have been a member of AOA, what has changed within the AOA organization and what has remained the same?*

A: Much has changed within

AOA during my career as a member and volunteer. AOA has always been in the lead in advocacy for the profession, but in recent years, has become much more proactive as optometry has become increasingly integrated into our health care system. Health care in general is big business and the government has an increasing interest in maintaining quality and cost. AOA must be vigilant to protect our interests from the many other special interests, particularly medicine, that seek to limit our right to treat patients and our patients' ability to access our care. As optometric physicians approach the \$1 billion mark in Medicare reimbursements, it is becoming increasingly difficult to "fly below the radar" to accomplish our goals.

*Q: Could you elaborate a little more on why it is important*

*that younger ODs become members of the AOA and get involved?*

A: Involvement and engagement with the AOA and the state affiliate is a key to both professional and financial success. I have the unique perspective to see hundreds of different optometry practices that refer to Omni. It is apparent that those practitioners who are members are the most successful. Engagement, and a recognition of the value of membership in the community of optometry, translates into a successful and fulfilling professional career. It is an investment that pays dividends for your entire career.

*Q: What do you hope for the future of optometry?*

A: That we continue to build on the victories, with scope of practice increases and patient access, which have been the



hallmark of our success during the past 25 years. Optometry needs to focus on providing professional services for our patients and to continue our efforts to be an integral part of the health care team that will care for the current and future generations of Americans. Optometrists are unique physicians and we need to continue to build on the care we provide, and our ability to make a difference in our patients' lives.

## Salt Lake mayor welcomes optometry

Greetings!

I am honored to welcome the American Optometric Association and American Optometric Student Association to Salt Lake City for your annual summer Optometry's Meeting. Salt Lake City cemented its place as an international city when it hosted the 2002 Olympic Winter Games, and we are excited to welcome the Optometry's Meeting next month.

Downtown Salt Lake is located only eight minutes from the Salt Lake City International Airport, and features a compact, walkable convention district with multiple entertainment, shopping and dining opportunities. Getting around Salt Lake, either by foot or by public transportation, is a breeze with our clean and friendly streets, and the TRAX light-rail system's free-fare zone located in downtown.

Spend some time getting acquainted with Salt Lake City at The Gateway, an outdoor destination with a collection of over 130 stores and restaurants, visit Temple Square and its 35 acres of beautiful gardens and historic sites (one of Utah's top tourist attractions), or at any of the 170 restaurants, bars, and cafes in downtown — all located within walking distance of the convention center and surrounding hotels.

Salt Lake's world-class entertainment options range from contemporary dance and theater companies to state-of-the-art live music venues, Utah Symphony & Opera and Ballet West performances, art galleries and museums, and our city's five professional sports teams.

While you're here, take advantage of the city's proximity to mountain and urban recreation. Thirty golf courses lie within 35 minutes of the convention district, as well as an unrivaled variety of outdoor recreation options: summer hiking and mountain biking up City Creek Canyon, horseback riding and rock climbing in the nearby Cottonwood Canyons, and the list goes on. Twenty-one national parks and monuments are located within a day's drive, and enhance Salt Lake's proximity to natural playgrounds.

Again, thank you for visiting Salt Lake City. I wish the Optometry's Meeting to be a wonderful success!

Warm Regards,  
Ralph Becker  
Mayor



# ***Canvas Artwork Collections***

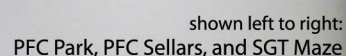
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# AOA-backed NHSC bill receives conference boost

**L**egislation that would recognize doctors of optometry as eligible providers for a key federal program has received a significant boost on Capitol Hill as a result of outreach conducted by hundreds of AOA doctors and students during the 2011 AOA Congressional Advocacy Conference.

Introduced by Reps. Cathy McMorris Rodgers (R-Wash.) and Mike Ross (D-Ark.), the bipartisan National Health Service Corps (NHSC) Improvement Act (H.R. 1195) will bring optometrists into more underserved urban and rural communities by ending the misguided exclusion of doctors of optometry from the NHSC student loan repayment and scholarship programs.

In the weeks following

the 2011 AOA Congressional Advocacy Conference, the optometry-backed bill has gained nearly 30 new co-sponsors (commitments of support from individual members of Congress). However, even more support from leading lawmakers will be needed to make this effort a priority for the 112th Congress.

In addition to the AOA's support, the objectives of H.R. 1195 are endorsed by: the National Association of Community Health Centers, National Rural Health Association, National Commission on Vision and Health, Prevent Blindness America, American Optometric Student Association, and Association of Schools and Colleges of Optometry.

In meetings with their

elected representatives last month, AOA doctors and students made clear that the situation facing working men and women, children and seniors in underserved areas that are in need of primary eye care services has grown more urgent.

Today, only 11 percent of community health centers nationwide have full-time eye care professionals on staff and less than one-third (30 percent) even offer any on-site vision services, according to a 2009 report by George Washington University.

The NHSC provides access to quality health care services for millions of Americans who might otherwise be forced to do without or delay care until conditions become emergencies.

As part of this mission,

the NHSC student loan repayment program helps bring together dedicated health care providers with the rural and urban community health centers that need their services.

The program provides financial support specifically aimed at easing the debt burden associated with a professional education, and allows carefully selected clinicians – including primary care physicians, nurse practitioners, dentists and dental hygienists, and others — to undertake an extraordinary, multi-year commitment to safeguarding public health.

While an important effort, H.R. 1195 will not expand any federal program or authorize any new federal funding. It seeks only to allow optometrists to compete for loan repayment and scholar-

ship support on a level playing field under existing requirements.

In a time of difficult choices, AOA doctors and student advocates have made clear that the bill represents a responsible and effective way to make access to essential vision and eye health care services in underserved areas a greater priority.

For more information on becoming involved in federal advocacy, contact the AOA Washington office at 800-365-2219 or e-mail [ImpactWashingtonDC@aoa.org](mailto:ImpactWashingtonDC@aoa.org).

To watch AOA advocacy in action and see video highlights from the 2011 AOA Congressional Advocacy Conference, follow: [http://www.youtube.com/watch?v=AUxtFabucM0%2526feature=youtube\\_gdata\\_player](http://www.youtube.com/watch?v=AUxtFabucM0%2526feature=youtube_gdata_player).

## AOA Member Advantage

### AOA Group Insurance by AGIA offers members the security they need

If a car accident, a fall or other accidental injury happened to you, your spouse or other loved one, would your family have enough financial security in place to help your family maintain its lifestyle?

You probably drive safely and do all you can to prevent an accident, so you may believe it won't happen to you. But statistics show it can happen. In fact, according to the National Safety Council Injury Facts, 2010 Edition, accidents are the leading cause of death if you're under age 45. They're the fifth leading cause of death for all Americans, after heart disease, strokes, cancer and lung disease. Accidents also cause about 25.7 million disabilities every year. This is why many Americans purchase Accidental Death & Dismemberment (AD&D) Insurance.

The Accidental Death portion of this insurance is designed to provide the beneficiaries of a policy – most likely a spouse, family member or other designated loved one – a lump sum

benefit if you were to die as a result of the accident. The Dismemberment portion of this insurance provides coverage for you if you suffer a serious loss, such as loss of limb or loss of sight. The benefits can then be used to help replace lost income, pay everyday living expenses, pay medical expenses or meet other financial obligations.

Often people purchase AD Insurance to help supplement their life insurance coverage. That's because AD is usually guaranteed acceptance with no medical requirements, while additional life coverage generally requires submitting to medical underwriting or physical tests to qualify. In addition, AD Insurance features:

- ❖ High benefit amounts – some policies offer up to \$500,000 in benefits.
- ❖ Payment in addition to other coverage, including life insurance.
- ❖ Additional benefits related to safety – such as using seatbelts.
- ❖ Special education benefits to help pay for

your children's education.

If you decide to purchase AD Insurance, you should carefully review the benefits, rates and providers of the coverage to make sure it offers you the best accident protection to meet your needs.

The AOA's OptiGold Program offers affordable Accidental Death & Dismemberment coverage and helps you create an "instant" safety net – or significantly boost one you already have. You cannot be turned down as an AOA doctor of optometry.

The AOA OptiGold Program has been negotiated to help your loved ones rebuild their lives if a covered accident claims your life or leaves you severely injured. To find out how affordable AOA's OptiGold Program, call toll-free 866-331-0180 or visit us online at [www.aoinsurance.com](http://www.aoinsurance.com).

Plans include costs, exclusions, limitations and terms of coverage. Plans may vary and may not be available in all states.



**For more information, visit [www.aoa.org/MemberAdvantage](http://www.aoa.org/MemberAdvantage)**

AOA Group Insurance by AGIA

AOA Insurance Alliance by Lockton (Malpractice Insurance)

AOA Coding Today

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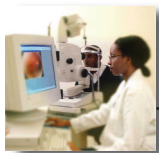
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- Join us at the Career Fair on Friday, June 17 from 10:00 am to 2:00 pm.
- Conduct your job search at [www.OptometrysCareerCenter.org](http://www.OptometrysCareerCenter.org) and schedule interviews in one of our private rooms.
- Connect at the Lookout Lounge where you can grab a cup of coffee, access free WiFi, talk a little business or just relax.

**Attend Optometry's Meeting® - where your profession comes to life!**  
To register for courses, schedule interviews or simply to learn more about the Practice Management & Career Center, visit [www.optometrysmeeting.org/pmcc](http://www.optometrysmeeting.org/pmcc).



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## CODING & BILLING

# 'Ask the Codeheads'

## ABN: Balancing your patients' needs with insurers' rules

*Edited by Chuck Brownlow, O.D., Medical Records consultant*

The first four months of 2011 have provided challenges for all doctors who commonly provide retinal imaging services for their patients.

Some insurers and several Medicare carriers have published their guidelines for coverage of the new codes; 92132, 92133, and 92134; though many insurers have

During an examination, the doctor may find that she/he needs to repeat the test more frequently than the insurer covers.

The doctor is faced with limited options, including:

- ❖ Delaying the test to a later visit, knowing that the insurer will cover the test then
- ❖ Providing the test, knowing the insurer will deny payment
- ❖ Explaining the situation to the patient, emphasizing

The patient is billed directly and is expected to pay for any and all services that are not covered by their insurance plan.

For those services that are covered but may be ruled by the insurer to be "not reasonable and necessary" in some cases, the health care system has provided the ABN.

A copy of the ABN (as a .pdf or a Word document) and instructions for completing and using the ABN are available on the AOA Web site, [www.aoa.org/coding](http://www.aoa.org/coding).

The key is to have staff complete the ABN, including which services may be ruled "not reasonable and necessary" by the insurer and the likely reasons for that ruling.

The doctor then explains the importance of the test and the possibility that the patient's insurance may not pay.

Finally, the patient is asked to sign the ABN, either checking a box agreeing to pay for the service if the insurer does not, or checking a box indicating the patient will not pay, even if the insurer does not.

In many cases, the patient will agree the test is important, will understand that "no insurance covers everything," and will agree to pay for the test.

It is critical for all providers to realize that without a signed ABN on file prior to providing the test, the doctor will not be able to charge the patient for the test if and when the insurer rules it to be not reasonable and necessary.

Many insurers do not publish a list of which diagnoses support payment for specific procedures, including imaging.

Often doctors and patients don't know whether a test will be paid for until the claim is submitted and returned by the insurer.

If the claim is denied and the ABN was not completed, the doctor cannot be paid.

Therefore, it is likely that the ABN will be used fre-

quently by eye care offices.

The solution is simple...The Advance Beneficiary Notice. When in doubt, fill it out!

*It is critical for all providers to realize that without a signed ABN on file prior to providing the test, the doctor will not be able to charge the patient for the test if and when the insurer rules it to be not reasonable and necessary.*

not.

As I'm writing this, the Centers for Medicare & Medicaid Services (CMS) have not released a National Coverage Determination (NCD) for the codes.

It is hoped that the NCD will help to standardize insurers' payment practices for the new codes.

During these times of confusion, it is important to consider that retinal imaging, just like all services, is provided to patients when a doctor's professional judgment requires it.

Professional judgment and the needs of a unique patient do not always square with the rules of the patient's insurance company.

The patient's best interests, as determined by the doctor, must determine what is done in every case.

For example, a patient's insurer may permit a diagnostic test to be done annually for patients with specific conditions.

the importance of performing the test at this time, presenting the patient with the Advance Beneficiary Notice (ABN) prior to performing test, providing the patient the option to pay for the test if the insurer does not

The first option is acceptable if the doctor is confident that the delay will not put the patient at risk and that the results of the test are not needed immediately.

The second option is always possible, while certainly not logical.

Doctors should always do what the patient needs, no more, no less, and should be paid for all services they provide.

Payment for services may come from the patient or from their insurer, but certainly is rarely responsibility of the doctor.

The third option is most commonly used by health care providers, recognizing that no insurance plan covers everything a patient needs.

## AOA Coding Resources

The following resources are available to AOA members through the AOA's Clinical & Practice Advancement Group:

- ❖ [AOA.org/Coding](http://AOA.org/Coding) features a "Frequently Asked Questions" section for members only, providing questions asked by AOA members and the answers provided by AOA volunteers and staff.
- ❖ [AskTheCodingExperts@AOA.org](mailto:AskTheCodingExperts@AOA.org) offers AOA members the opportunity to e-mail their coding question and have it answered by an AOA staff or volunteer who is very knowledgeable in medical records and coding.
- ❖ AOA Coding Webinars are provided as an AOA member-only benefit to educate doctors and staff on medical recording keeping and coding.
- ❖ AOACONnect is a social networking site and features a Coding & Billing Group where AOA members, students, volunteers and staff can share information that specifically relates to coding and billing ([connect.aoa.org](http://connect.aoa.org)).
- ❖ [AOACodingToday.com](http://AOACodingToday.com) is an AOA member-only benefit available to all new and renewing AOA members at no cost. CodingToday.com is a Web-based resource for information related to procedure and diagnosis codes, national and local coverage rules, Medicare relative value information, previously available to members for \$349 annually.
- ❖ [AOA.ReimbursementPlus.com](http://AOA.ReimbursementPlus.com), another excellent Web-based resource for information on coding rules, fee schedules, reimbursements and much more, is available exclusively to AOA members at a very attractive subscription rate.
- ❖ Codes for Optometry is provided by the AOA's Order Department for \$135. It is a two-volume set including Current Procedural Terminology® American Medical Association and a separate volume of diagnosis codes used in eye care, Medicare's Correct Coding Initiative, the HCPCS codes for reporting materials in Medicare, and the Documentation Guidelines for the Evaluation and Management Services. 2011 is the first year that Codes for Optometry became available on a CD in a searchable format.
- ❖ *Optometry: Journal of the AOA*, will continue to feature articles on these topics in its Practice Strategies section.
- ❖ Paraoptometric Coding Certification is available through the Commission on Paraoptometric Certification by contacting [cpc@aoa.org](mailto:cpc@aoa.org) or calling 800-365-2219, ext. 4210.

AOA volunteers and staff have always been devoted to assisting members in dealing with the challenges of every day practice life, including those related to insurance programs. Much of these benefits are provided at no cost or at greatly reduced cost to AOA members.



# 2011

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Register today for **FREE** courses at any of our five Discovery Theaters at [www.optometrysmeeeting.org](http://www.optometrysmeeeting.org)!

The Discovery Theaters will house complimentary educational and promotional experiences inviting professionals to visit and leave enriched. Theater programming will take place Thursday through Saturday and be aligned by discipline area: Contact Lens and Solution, Pharmaceutical, Optical, Diagnostics, and General Optometry. Check the education schedule for session times and details.

**On Thursday you can find topics such as:** HITECH stimulus pay, social media, ophthalmic solutions, refractive surgery, ocular surface infection, in-office finishing, economics of low vision, managing the allergic conjunctivitis patient, a multifocal workshop, and for paraoptometrics...a CPOT practical exam demonstration.

**On Friday you can find topics such as:** Hydrogel lenses, practice marketing tips, prescription eye drops, multifocal contacts, ocular pain, keratoconus, new EHR technologies, a multifocal workshop, find out what's new from Alcon, and get a therapeutic update from Allergan. Paraoptometrics have another chance to listen in on the CPOT practical exam demonstration as well.

**On Saturday you can find topics such as:** EHR Part 1 and Part 2 federal incentives, advanced contact lens fitting, practice marketing tips, and find out about the future of refractive cataract surgery.

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## FROM THE AOA

### Getting a First Look at the news?

Subscribe to *AOA First Look*, a summary of the day's news about eye care and medicine, delivered to your e-mail inbox every morning.

It's a free benefit exclusively for AOA members.

To subscribe, send a note to [addresschange@aoa.org](mailto:addresschange@aoa.org).

*AOA First Look* is intended to provide an immediate, unfiltered look at the news that affects optometrists and our patients. To get the news to you quickly, and to ensure you are reading the same articles your patients might be, the AOA does not review or edit the news summaries prior to distribution. Publication of an article in *First Look* in no way implies the AOA's endorsement, agreement or promotion of a particular article.

In order to make sure you receive these on a daily basis, please follow these steps, which should help ensure delivery:

- (1) Have your tech department add the sending IP and domain address below to your network white list:  
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- (6) For further details on these steps, visit our e-mail Help page at [www.custombriefings.com/emailHelp.html](http://www.custombriefings.com/emailHelp.html).

### Webinar focuses on coding unusual cases

Coding Grand Rounds: Coding Tips for Unusual Cases, an AOA Webinar with Charles Brownlow, O.D., AOA Coding and Medical Records consultant, will be offered May 24, at 11 a.m. and 2 p.m., Central Daylight Time.

Dr. Brownlow will apply the national rules for medical records and for choosing procedure and diagnosis codes to interesting clinical cases.

The Webinar is appropriate for optometrists, key staff responsible for billing and coding, and office managers/administrators.

The Webinar is the latest in the AOA's Billing & Coding Webinar Series. To register for the Webinar or access archived editions of previous Webinars, visit the AOA Web site Coding Page ([www.aoa.org/coding](http://www.aoa.org/coding)).

### Treatment, from page 6

chair for CATT and chairman of the Cole Eye Institute at the Cleveland Clinic. "Substantial visual acuity gains may be accomplished with a lower treatment burden."

Adverse events indicate development or worsening of a medical condition.

They may or may not be causally associated with the clinical trial treatment, but they are always monitored and reported in any clinical trial.

The median age of patients in CATT was over 80 years, and a high rate of hospitalizations might be anticipated as a result of chronic or acute medical conditions

more common to older populations.

Serious adverse events (primarily hospitalizations) occurred at a 24 percent rate for patients receiving Avastin and a 19 percent rate for patients receiving Lucentis.

These events were distributed across many different conditions, most of which were not associated with Avastin in cancer clinical trials where the drug was administered at 500 times the dose used for AMD.

The number of deaths, heart attacks, and strokes were low and similar for both drugs during the study.

CATT was not capable of

determining whether there is an association between a particular adverse event and treatment. Differences in serious adverse event rates require further study.

Investigators in the CATT study will continue to follow patients through a second year of treatment.

These additional data will provide information on longer-term effects of the drugs on vision and safety.

The FDA has not evaluated data from the CATT trial.

Find more information about this clinical trial (NCT00593450) at [www.clinicaltrials.gov](http://www.clinicaltrials.gov).



## American Optometric Association

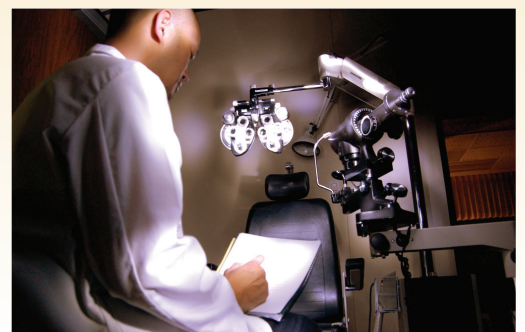
### Director of AOA Third Party Advocacy Center

The American Optometric Association is seeking an experienced person to direct the strategies, development and operation of the AOA's advocacy for its members with health insurers, purchasers, employer coalitions and benefit consulting firms. The director will provide technical expertise and leadership of associated staff, consultants and volunteer appointed committees. Successful candidate will implement the Patient Access to Optometry initiative. The director will develop proactive relationships with national insurance and vision plans, and the national health insurance associations, purchasers, employer coalitions, and benefit consulting and broker firms. Successful candidate will also develop alliances with organizations that can influence optometric participation in health and ERISA plans. The director will develop committee capabilities that support assisting members in understanding and developing their relationships with insurers and other third party payers and purchasers. The director is also responsible for budget management and supervises a staff of two. This position reports directly to the executive director and serves as a member of the senior management team. The position is based in the Washington office of the AOA.

The ideal candidate will have four to 10 years of experience in working with health and vision insurance plans, self-insured employer plans (ERISA), dealing with consultants and brokers and advocacy. Successful candidate will have strong interpersonal and relationship building skills. Successful candidate must have a proven track record of excellent leadership skills and supervisory skills. Other skills include: excellent negotiation skills; excellent written, verbal and presentation skills; salesmanship; organizational skills; the ability to manage multiple priorities and be detail oriented. Position holder must be able to travel 25 percent of the time. Previous association and/or health plan or benefit consulting experience is strongly preferred. Optometrists with relevant experience are encouraged to apply.

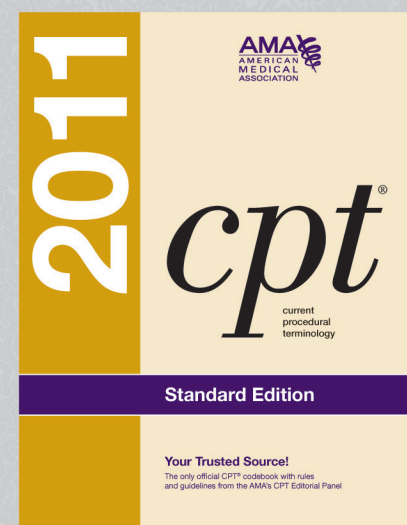
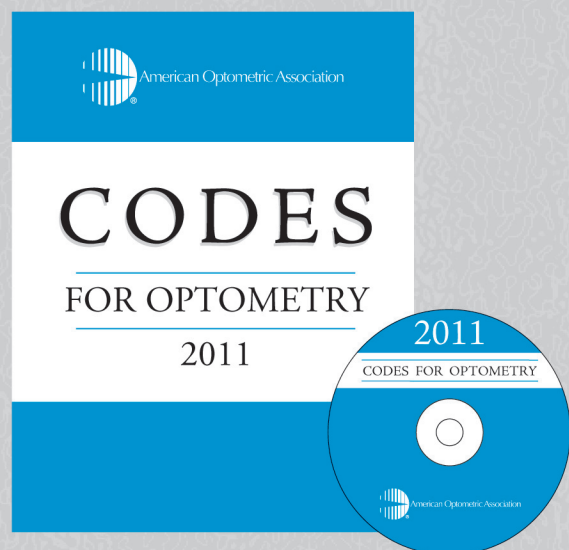
Qualified candidates, please go to the following link to post your resume and apply:

<https://home.eease.com/recruit/?id=534666>.





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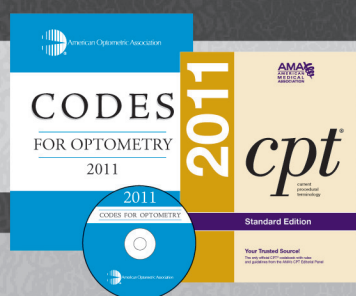
*“Electronic media are wonderful, but sometimes it’s good to be able to get answers right out of a book. AMA’s Current Procedural Terminology and AOA’s Codes for Optometry for just \$135/year? The biggest bargain in eye care!”*

– Charles B. Brownlow, OD, AOA Coding and Medical Records Consultant

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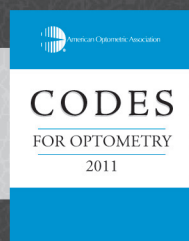
- Current Procedural Terminology
- ICD-9-CM – International Classification of Diseases (abridged for eye care)
- The CMS Documentation Guidelines for the Evaluation and Management Services
- The Healthcare Common Procedure Coding System
- The Correct Coding Initiative Edits for common eye care codes

**\*\*ALL CRITICAL TO DOCTORS AND TO KEY STAFF ASSIGNED TO REVIEW PATIENTS’ MEDICAL RECORDS AND SUBMIT CLAIMS FOR SERVICES.\*\***



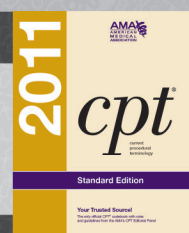
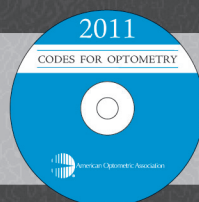
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In addition, EyeLearn™ will also offer optometrists convenient access to a wide range of high-quality print, audio, video, and online interactive instructional materials that can practitioners can use “24 hours a day, seven days a week, in a personalized learning environment,” said Dr. Quinn.

“EyeLearn™ represents a potentially important way to augment traditional CE lectures by providing supplemental educational resources, tailored to the needs of individual optometrists, in a very convenient and easy-to-use form,” he said.

“Online educational resources are increasingly common in a number of fields including health care,” Dr. Quinn noted. “EyeLearn™ will now bring the concept of a comprehensive, online learning portal to optometry.”

Optometrists planning to seek American Board of Optometry (ABO) certification over the coming months will be among the first to benefit from AOA EyeLearn™, noted Jim Brocato, director of the AOA Clinical and Practice Advancement Group (AOA-CPAG).

The new centralized, learning resource has been slated for introduction next month to assist optometrists who wish to review or update various areas of their professional education as they prepare to take the recently introduced ABO certification exam, Dr. Quinn said.

The EyeLearn™ CE Finder will initially list certification-related courses being offered by state and regional optometric associations. Four online board certification preparation modules will also be offered when the portal is launched next month.

However, the CE course listing and online educational resources will quickly be expanded to include a full range of topics relevant to optometry including: clinical studies, practice management, industry advancement, regula-

tory compliance, and advocacy-related issues, Brocato said. The AOA has already compiled a list of more than 100 state CE courses that will be logged in the EyeLearn™ CE Finder over the coming weeks.

## One-stop resource

By providing a comprehensive online education portal for optometry, EyeLearn™ will help state and regional optometric associations effectively and efficiently market their CE courses, Brocato said. It will encourage practitioners to develop clinical skills and professional interests outside of the traditional classroom setting.

When it is officially launched next month, EyeLearn™ will offer access to a wide range of educational resources including texts or videos of continuing education courses presented at Optometry’s Meeting®, peer-reviewed articles from *Optometry: Journal of the AOA*, specially developed content, and interactive online functions, according to Brocato.

EyeLearn™ online resources are divided into five categories:

- ❖ Texts including peer-reviewed clinical research, lecture transcripts, lecture PowerPoint presentations, and articles developed especially for EyeLearn™
- ❖ Audio podcasts in MP3 format for downloading to iPods or similar devices
- ❖ Video podcasts
- ❖ Fully interactive online courses, and
- ❖ Self-assessment quizzes.

“EyeLearn™ will allow optometrists to search a variety of resources to find exactly the information they want,” Brocato said.

“Moreover, it will provide them the information they want in the way that will be most useful,” he added. “For example, a practitioner could download the text of a lecture and read it; listen to the audio

of a lecture (perhaps following along with the text or a PowerPoint); watch a video of the lecture; or take a fully interactive online learning module, complete with quizzes that appear periodically,” Brocato said.

Learning modules offered on the site will generally take no more than two hours to complete. Audio and video presentations also will generally be no more than two hours in length.

For that reason, learning modules offered on the EyeLearn™ site cannot provide the broad range of information offered in the comprehensive classroom courses that have been developed to help optometrists prepare for certification examinations, Brocato said.

However, optometrists will be able to use the EyeLearn™ CE Finder to easily find such courses, he said. The CE Finder will be similar in function to the AOA Doctor Locator feature on the AOA Web site.

EyeLearn™ will be featured at the AOA booth in AOA Central during Optometry’s Meeting®.

## Medicare EHR Incentive payment process outlined

Medicare Electronic Health Record (EHR) Incentive Payment Process, a new Medicare Learning Network Matters article, explains the basics of the federal health information technology incentive program, according to the U.S. Centers for Medicare & Medicaid Services (CMS).

The article explains who is eligible for incentives under the program, how payments will be calculated, how and when practitioners will receive payments, and how practitioners can obtain additional information.

The article can be accessed on CMS Web site at <http://tinyurl.com/MLNSE1111> or the AOA Web site EHR page ([www.aoa.org/EHR](http://www.aoa.org/EHR)).

## Revised Medicare E&M guide now available

The Medicare Evaluation and Management Services Guide, as revised in December 2010, is now available in print format from the Medicare Learning Network®.

This guide is designed to provide education on medical record documentation and evaluation and management billing and coding considerations. The 1995 Documentation Guidelines for Evaluation and Management Services and the 1997 Documentation Guidelines for Evaluation and Management Services are included in this publication.

To order, visit the CMS Web site Medicare Learning Network page ([www.cms.gov/MLNGenInfo](http://www.cms.gov/MLNGenInfo)).

## The First Practice Academy™ (FPA) Featured at AOA Optometry’s Meeting®

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- “Marketing Your Practice Through Service” by Kelly Kerksick, O.D.



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# ICO researchers study vision tests' role in concussion assessment

## Results from study on use of King-Devick test published in journal *Neurology*

Illinois College of Optometry (ICO) researchers played a large role in a recently published study of a vision test as a sideline instrument to assess potential concussions in athletes. Illinois Eye Institute (IEI) Executive Director Leonard Messner, O.D., and IEI attending member of clinical faculty Megan Allen, O.D., were co-authors on the study of the King-Devick vision test.

The King-Devick test was developed at ICO as part of a research project by Al King, O.D., and Steve Devick, O.D., in the 1980s.

The King-Devick Test is designed to test for the symptoms of concussion: eye movement, language and attention. It looks at saccadic and other types of eye movements that are frequently abnormal following a concussion.

In the study, published in the journal *Neurology* in April, a King-Devick test was administered to a group of 39 boxers and mixed martial artists (MMA) before a sparring match. After a nine-minute bout, the athletes were retested, and the time it took to complete the test was logged and compared with the baseline established before the match.

The King-Devick Test involves a set of single-digit numbers that the athlete reads aloud while being timed.

If a concussion is suspected, the athlete reads the numbers aloud again. If the time it takes the athlete to read the numbers is slower than the first, a concussion may have been suffered.

By identifying when athletes have suffered concussions, coaches can hold them on the sideline to prevent further damage.

"In our testing of this mixed cohort we administered the test two times before the match so that a baseline score was established," said Dr. Messner. "We retested after sparring or bouts and found significant decline in function for those who sustained mild

traumatic brain injury and even more for those who sustained concussion."

In the study of 39 boxers and MMA fighters, post-fight time test scores were significantly higher (worse) for those who had head trauma during their matches ( $59.1 \pm 7.4$  vs.  $41.0 \pm 6.7$  seconds,  $p < 0.0001$ ).

Among those with head trauma, fighters who lost consciousness had even higher post-fight scores compared to those who didn't lose consciousness ( $65.5 \pm 2.9$  vs.

$52.7 \pm 2.9$  seconds,  $p < 0.0001$ ).

Test times improved by more than a second on average for participants who did not have head trauma, while average times for those who suffered head trauma worsened by 11.1 seconds. Fighters who lost consciousness were 18 seconds slower on the test after their bouts.

This may help coaches and athletic trainers determine whether players should be removed from games or not.

"This is a big step in the

right direction," said Dr. Messner. "Early detection is critical. We need to identify concussions and get them out. This is a significant move forward in identifying athletes or other individuals, such as those in the military, and get them out of harm's way."

The study has generated a lot of public interest, and a number of athletic groups have contacted the authors for more information.

"A large value of the test is that it can be conducted by non-medically trained sports

personnel with reliability," said Dr. Messner. "It's very quick—less than two minutes."

Current sideline tests can leave a wide amount a brain function untested following concussion.

"If you look at assessing concussions, most neuropsych tests are good in their own right, but the problem is they are subjective," said Dr. Messner. "They are fraught

see *Concussion*, page 54



## Great moves are rarely coincidental

The keys to success are preparation and planning



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- Financing and ownership options
- Planning and preparation resources

AOA Practice Transitions is brought to you by the American Optometric Association and Wells Fargo Practice Finance (formerly Matsco)



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**Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council™ to express themselves on issues and products they consider important to the members of the AOA.**

## Industry Profile: Allergan

Allergan offers and pursues innovative products to help improve patient care.

With over 60 years of successfully discovering and developing new therapeutic agents to help protect and preserve vision, the Allergan heritage offers eye care professionals and patients a broad range of products to treat a variety of eye conditions. As a result of dedicated R&D efforts and close relationships with eye care professionals, Allergan has established itself as a global leader in eye care.

### Product offerings

Allergan offers an extensive eye care portfolio for eye care professionals, including RESTASIS® (cyclosporine ophthalmic emulsion) 0.05%, a comprehensive line of artificial tears (REFRESH® Lubricant Eye Drops, REFRESH® OPTIVE™ Lubricant Eye Drops, and REFRESH® OPTIVE™ Sensitive Preservative-Free Lubricant Eye Drops), COMBIGAN® (brimonidine tartrate/timolol maleate ophthalmic solution) 0.2%/0.5%, LUMIGAN® 0.01% (bimatoprost ophthalmic solution), ALPHAGAN® P (brimonidine tartrate ophthalmic solution) 0.1% and 0.15%, ACUVAIL® (ketorolac tromethamine ophthalmic solution) 0.45%, ZYMAXID® (gatifloxacin ophthalmic solution) 0.5%, LATISSE® (bimatoprost ophthalmic solution) 0.03%, and LASTACAPT™ (alcaftadine ophthalmic solution) 0.25%.

### Consistent Commitment to Optometry

Allergan works closely with third-party optometry groups, key opinion leaders, and managed care organizations to stay abreast of optometrists' needs for information and tools. Allergan remains committed to providing support for optometrists with a dedicated sales force, continuing education programs, and educational initiatives for teaching institutions.

"Allergan is committed to providing optometrists with therapeutics that help them provide optimal patient care," said Kevin Skule, Allergan senior vice president, Eye Care. "We are working hard to continue bringing forth new, innovative therapeutics for years to come."

To support the optometric community, Allergan launched a new website specifically designed to help meet the needs of optometrists throughout the country—[www.allerganoptometry.com](http://www.allerganoptometry.com). The Web site provides optometrists with single-site access to information about Allergan eye care therapeutics including information about patient cost-saving programs such as rebate programs, hand-outs to help educate patients, and practice management tools such as questionnaires and trackers to help optometrists assess patients.

"As a main provider of vision care, optometrists play a critical role with patients' eye care," said Dave Gibson, senior manager, Optometric Professional Relations and Strategic Initiatives. "In 2011, we will continue to strengthen our partnership with optometry through additional tools and resources."

Allergan supports SECO, AOA, American Academy of Optometry, and the Vision Expo meetings (East and West), as well as a large number of regional and local meetings.

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## CooperVision launches redesigned Web site

Leading contact lens manufacturer CooperVision unveiled a new, redesigned U.S. Web site to provide enhanced usability and a variety of new resources for both eye care practitioners (ECPs) and contact lens wearers.

Based on research with ECPs, the new [www.CooperVision.com](http://www.CooperVision.com) creates a more personalized experience for ECPs after they log in.

The site showcases tools for marketing and managing their practice, including:

- ❖ Personalized information featuring top CooperVision products, trial lenses available, and the status of their product banks
- ❖ Easy access to product information, fitting tips and tools and marketing support
- ❖ Practice locations are automatically entered into a

new ECP locator tool for patients

"This is yet another step in CooperVision's digital strategy leveraging technology to strengthen our partnership and communications with ECPs helping them solve challenging business problems," said James Gardner, vice president of Marketing, Americas, CooperVision.

Wearers will also benefit from the enhanced site, which now offers a Lens Finder that provides a lens recommendation based on the wearer's lifestyle that they can bring to their ECP to discuss the right contact lens for them.

In addition, a number of rebates, free trial offers and an enhanced ECP locator to help wearers find an eye care practitioner in their area is available.

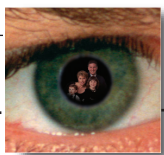


**Hong Kong-based OKIA launches its collection with vivid and elegant 3-D flowers along the temples creating an extremely realistic natural decoration. [www.okia.com](http://www.okia.com).**



**The Dior "Les Marquises" collection is an exotic inspiration from the South Pacific. It's developed in a range of colors and sophisticated shades. Shown is DiorHatutaa, a '50s-inspired pin-up style. [www.safilousa.com](http://www.safilousa.com).**





## TCVI unveils new educational program for practicing ODs

**T**he Vision Care Institute™, LLC announced the launch of a new educational program for practicing optometrists. The one-day course offers practicing optometrists premiere education to help them achieve higher levels of success in their practices.

Held at The Vision Care Institute™ headquarters in Jacksonville, Fla., the one-day course covers an update on the latest in contact lens research, training on new technologies, as well as a review of emerging trends and best practices.

“Eye care professionals, no matter how successful, must continue to grow at every stage of their career,” said Walter West, O.D., program director, The Vision Care Institute™. “The goal of The Vision Care Institute™ is to facilitate educational opportunities and supplement doctors’ expertise to enhance their success in prescribing contact lenses as well as in their overall practices.”

The course will be presented by The Vision Care Institute™ and is available at no cost to participants.

Upcoming course dates include: June 2-3, June 9-10, and Sept. 22-23.

Space is limited and available on a first-come, first-served basis.

For more information and/or to register, contact a Vistakon® sales representative or e-mail [theinstitute@vcius.jnj.com](mailto:theinstitute@vcius.jnj.com).

## Vistakon offers advice on protecting eyes from UV damage

**A**round the world, sight is valued as the most important of the five senses, along with a strong belief that good vision positively impacts quality of life. However, while 85 percent of Americans recognize that ultraviolet (UV) rays can damage their eyes, only 65 percent wear sunglasses for protection and even fewer (39 percent) make sure their children wear sunglasses.

“Short-term damage can be hard to notice, but long-term exposure to the sun is a risk factor for harm to the eye and surrounding tissue,” said Christine W. Sindt, O.D., associate professor of Clinical Ophthalmology, University of Iowa and chair of the AOA Contact Lens & Cornea Section Council. “The effects

of UV radiation are cumulative over a person’s lifetime, and ocular disorders such as cataracts may not manifest for years, at which point the damage is already done. That’s why parents need to make sure their children get maximum protection from the sun beginning in childhood.”

Compared to adults, children have larger pupils (allowing more light in their eyes), clearer lenses and are outside without eye protection for longer periods more frequently than adults. It is estimated that a significant amount of lifetime exposure to UV rays may occur by age 18 and that children’s annual dose of radiation may be up to three times that of adults.

“Arizona is the sunniest state in the United States, so I

## It’s a sweep



Transitions Optical, Inc., in collaboration with the AOA, announced the winners of the “Read the Green Sweepstakes” to raise awareness of the importance of healthy sight for athletic performance and to drive consumers to AOA member doctors’ offices. The promotion offered patients a chance to win golf-related prizes.

Participating doctors benefited with added traffic to their offices as well as the opportunity to win the same prizes as their patients.

Shown from left, Matt Killen, golf professional; Joe Rials; Allison Tate, O.D., with her husband; Cynthia Rials, winner; Charles Collini; Connie Falvo, director of External Affairs, Transitions Optical; Kenny Perry, golf professional; Jeffrey Michaels, O.D., and his wife; Michael Wilson; Ed Caltaneo, winner; and Larry Lampert, O.D., of Transitions Optical.

Transitions Optical is highlighting golf as part of its “Improve Your Vision, Improve Your Game™ Initiative.”

The initiative is a broad-reaching consumer education program that connects seeing well to performing well, and healthy sight to having a healthy, quality life. Eye care professionals can explore [www.Transitions.com/Pro](http://www.Transitions.com/Pro) to learn more about the effects of vision on performance and leverage the program and the materials listed below in patient marketing and education efforts.

❖ **Take One Brochure** – Highlights the importance of enhancing the quality of vision

today, while protecting eye health for tomorrow. A stand is included for easy display.

❖ **Golf Poster Series** – Features three 18” x 24” posters on a variety of eye health topics, including the need for UV and glare protection.

❖ **Postcard** – Eye care professionals can visit the Transitions Online Marketing tool to customize and print a branded postcard.

❖ **Interactive Widget** – Available for download at [www.transitions.com/widget](http://www.transitions.com/widget) to provide patients with ongoing facts about eye health and golf tips.

❖ **Tip Card** – Designed for ECPs, it provides quick reference of sports vision information and tips for improving your golf game from Larry Lampert, O.D.

❖ **Improve Your Vision, Improve Your Game™ Video Series** – educates consumers on the importance of healthy sight while golfing. The videos – ranging from 60-90 seconds each – offer golf enthusiasts tips on both golf and vision, touching on topics such as eye dominance, eye exercises, putting alignment and more. Eye care professionals can visit the Sports Marketing page on [www.Transitions.com/Pro](http://www.Transitions.com/Pro) to download the video series to their Web sites. The videos will also be posted weekly to the Transitions Lenses: Healthy Sight Professionals Facebook page so eye care professionals can easily re-post them, sharing them with patients and positioning themselves as a source for sports vision expertise.

always emphasize the importance of protecting eyes from UV rays to my patients, starting in childhood,” said Stephen Cohen, O.D., a Scottsdale, Az.-based optometrist and past president of the Arizona Optometric Association.

While most sunglasses can help block UV rays from entering through the lenses, most frame styles do not pre-

vent rays from reaching the sides, top and bottom of the glasses. Hats with brims do not offer protection from UV rays reflected off surfaces like water, sand and pavement. The best protection is a combination of sunglasses, a wide-brimmed hat, and for some, UV-blocking contact lenses.

Acuvue® Oasys® Brand Contact Lenses carry the Seal of Acceptance for Ultraviolet

Absorbing Contact Lenses from both the AOA and World Council of Optometry’s Commissions on Ophthalmic Standards.

Contact lenses should always be worn in conjunction with high-quality UV-blocking sunglasses and a wide-brimmed hat.

For more, call 800-843-2020 or visit [www.jnjvision-care.com](http://www.jnjvision-care.com).



## Concussion,

from page 51

with problems, and the SAC (Standard Assessment of Concussion) and SCAT2 (Sport Concussion Assessment Tool 2) use the old definition of concussion. Our study shows the value of looking at visual motor performance.”

Dr. Messner and the other co-authors conducted a follow-up study looking at college athletes at the University of Pennsylvania.

“We looked at 219 athletes in football, soccer and basketball,” he said. “Once again we tested in the preseason and then on the sideline if there was an injury. There were 13 concussions in the season, and 10 had sideline testing.”

The study examined changes in athlete test scores over the course of a season, reliability of retest or tests conducted by different testers such as athletic trainers, and established test norms and expected ranges of pre-competition scores for this age group.

Results from the follow-up study were presented at the 2011 meeting of the North American Neuro-ophthalmology Society.

The study was funded by a grant from the National Eye Institute. To view the complete article, visit <http://www.neurology.org/content/early/2011/02/02/WNL.0b013e31821184c9.abstract>.

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## ‘Think About Your Eyes’ campaign wins Bulldog award for excellence in media, public relations

The Foundation for Eye Health Awareness has announced that its Think About Your Eyes (TAYE) campaign has been recognized with a 2011 Bulldog Award for Excellence in Media and Public Relations.

According to the foundation, TAYE received bronze honors in the Best Health, Medicine & Fitness Campaign category for its campaign launch activities in New York and Chicago last summer.

The campaign—which the Foundation calls “an overwhelming success”—generated more than 213.5 million paid, earned and owned media impressions last year.

In May 2010, TAYE ended National Healthy Vision Month with “Think About Your Eyes Week” in Times Square, where 10

dancing eyeballs and 90 dancers surprised a crowd on Broadway.

A TAYE-branded double-decker bus toured the city during the month.

That same year, TAYE celebrated its eponymous week in Chicago in July, taking street teams of costumed eyeballs to Wrigley Field, Navy Pier and Lincoln Park Zoo “to remind people about the importance of vision health.”

“We are excited and honored to receive this prestigious recognition and be named among the best of the best in public relations and social media campaigns,” said Mike Daley, president and executive director, Foundation for Eye Health Awareness. “We look forward to continuing to produce award-winning work that garners attention for the importance of vision

health and yearly comprehensive eye exams.”

Winners of the 2011 Bulldog Awards for Excellence in Media and Public Relations Campaigns were chosen from hundreds of entries that represent the best strategic and tactical prowess that public relations and corporate communications has to offer.

Campaigns were judged by dozens of working journalists, who assessed them on the basis of their ability to achieve extraordinary visibility and influence opinion, as well as on their creativity, command of media and technology and tenacity.

Winning entries will be covered in the 2011 Bulldog Awards *Hall of Fame* magazine, the foundation said.

For more information, visit [www.ThinkAboutYourEyes.com](http://www.ThinkAboutYourEyes.com).

## Artwork offers high-end patient education

To enhance patient care and education efforts, the AOA is introducing three new, striking components that complement the Eye Disease Awareness and Management program.

Digitally painted, museum-grade canvas gallery prints focused on glaucoma, macular degeneration and diabetic retinopathy are now available.

These large-format, 20-inch by 24-inch ‘gallery-wrapped’ prints feature important visual messages that create an AOA-member-branded collection to enhance patient counseling.

Prints arrive with hardware and are ready to hang with no framing costs.

The prints may be purchased individually or as a collection, depending on the needs of the office space.

The prints cost \$89 each.

Order item # GP-1: Gallery Print - Glaucoma

Order item # GP-2: Gallery Print - Macular Degeneration

Order item # GP-3: Gallery Print - Diabetic Retinopathy

To order, contact the Order Department at 800-262-2219.

**TAKE CONTROL of Glaucoma Today**  
*For Healthy Vision Tomorrow*

**What is Glaucoma?** A group of eye diseases which:

- Together, comprise the third most common cause of blindness in the U.S.
- Damage the optic nerve, which carries images we see to the brain
- Usually develop without pain or symptoms
- Gradually cause “tunnel vision” and permanent vision loss

**What causes Glaucoma?**

- Fluid circulates inside the front of the eye and normally flows out through a drainage system
- When fluid outflow is blocked or excess fluid is produced, eye pressure increases, which may lead to optic nerve damage

**Symptoms:** These vary depending on type of Glaucoma

- Primary open-angle glaucoma often develops slowly and painlessly, without warning signs
- Acute angle-closure glaucoma with rapid pressure build up, is often accompanied by blurred vision, colored rings around lights (halos) and severe pain or redness in the eyes

**Diagnosis:** A comprehensive eye exam by your Doctor of Optometry may include:

- Tonometry, a simple and painless procedure which measures internal eye pressure
- A visual field assessment that measures the health of your retina and peripheral vision
- An evaluation of the optic nerve
- Pachymetry, which measures corneal thickness and helps confirm eye pressure accuracy

**Treatment:**

- Early detection and treatment are paramount, and “Taking Control” of glaucoma earlier can reduce the chance of permanent vision loss
- Prescription eye drops are most common first line of treatment and must be taken regularly
- In some cases, laser therapy or surgery may be necessary
- Low vision rehabilitation services may benefit patients with severe vision loss

**Doctors on the Frontline of Eye and Vision Care**

Member  
American Optometric Association

HEALTHSCOPE





## MEETINGS

### June

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY  
VISION PERFORMANCE INSTITUTE (VPI) AND JOINT CONFERENCE ON THEORETICAL AND CLINICAL OPTOMETRY (JCTCO)  
June 1-5, 2011  
Pacific University College of Optometry, Forest Grove, Oregon  
Eric Hussey, O.D.  
spacegoggle@comcast.net

GEORGIA OPTOMETRIC ASSOCIATION  
ANNUAL MEETING  
June 2-5, 2011  
Westin Hilton Head Island Resort & Spa, Hilton Head Island, South Carolina  
Vanessa Grosso  
770/961-9866, ext. 1  
vanessgaa@aol.com  
www.goaeyes.com

NORTH CAROLINA STATE OPTOMETRIC SOCIETY  
ANNUAL MEETING  
June 3-5, 2011  
Embassy Suites, Myrtle Beach, South Carolina  
Sue Gardner  
252/237-6197  
nceyecare@aol.com  
www.nceyes.org

OPTOMETRIC EXTENSION PROGRAM  
THE FOUNDATION OF VISION THERAPY I  
June 3-5, 2011  
Versailles, Kentucky  
Theresa Krejci  
800-447-0370  
TheresaKrejciOEP@verizon.net

OPTOMETRIC EXTENSION PROGRAM FOUNDATION  
TBI/ABI (OEP CLINICAL CURRICULUM)  
June 4-6, 2011  
Memphis, Tennessee  
Theresa Krejci  
800-447-0370  
TheresaKrejciOEP@verizon.net

VIRGINIA OPTOMETRIC ASSOCIATION 109TH ANNUAL CONVENTION, MIDDLE ATLANTIC CE CONFERENCE AND PARAOPTOMETRIC EDUCATION CONFERENCE  
June 10-12, 2011  
The Homestead Resort, Hot Springs, Virginia  
Bruce B. Keeney, Sr.

804/643-0309  
FAX: 804/643-0311  
office@thevoa.org  
www.thevoa.org

NORTHEASTERN STATE UNIVERSITY, OKLAHOMA COLLEGE OF OPTOMETRY  
ANNUAL OCULAR DISEASE UPDATE 2011  
June 11-13, 2011  
Big Cedar Lodge, Ridgedale, MO  
Dara Smith  
918/444-4000  
smith197@nsuok.edu  
www.optometry.nsuok.edu

REGIONAL CLINICAL SEMINAR  
June 11-12, 2011  
Wyoming, Michigan  
Bob Hohendorf, O.D.  
616/534-4953  
rhohendorf@yahoo.com

MARYLAND OPTOMETRIC ASSOCIATION  
THE MANAGEMENT & BUSINESS ACADEMY™ FOR EYE CARE PROFESSIONALS (MBA)  
"MANAGEMENT ESSENTIALS" PROGRAM  
June 12, 2011  
Bethesda North Marriott Hotel & Conference Center, Bethesda, Maryland  
Kristen Shoemaker  
410-727-7800  
FAX: 410-752-8295  
moa@assnhqtrs.com  
www.marylandeyes.org

OPTOMETRY'S MEETING  
June 15-19, 2011  
Salt Lake City, Utah  
www.optometrysmeeting.org

AOA PRACTICE TRANSITIONS: STRATEGIES FOR MAKING THEM HAPPEN  
June 15, 2011  
Salt Lake City, Utah  
www.aaa.org/PracticeTransitions

MANAGEMENT AND BUSINESS ACADEMY FOR EYE CARE PROFESSIONALS  
June 15, 2011  
Salt Lake City, Utah  
www.mba-ce.com

LIGHT, VISION & CONSCIOUSNESS  
21st Annual Meeting of the International Society For The Study Of Subtle Energies And Energy Medicine  
June 24-28, 2011  
Westin Resort, Westminster, CO

Jacob Liberman, O.D., Ph.D.  
www.issseem-conference.org

CE IN BELIZE  
June 27-July 1, 2011  
San Pedro, Ambergris Caye, Belize  
Dr. Edward Paul  
910/256-6364  
epauljr@aol.com  
www.ceinbelize.com

### July

TROPICAL CE  
July 2-9, 2011  
Turks & Caicos  
www.tropicalce.com  
sautry@tropicalce.com

NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY  
THERAPEUTIC PHARMACEUTICAL AGENTS CERTIFICATION COURSE  
July 7-16, 2011  
Ft. Lauderdale, Florida  
954/262-4224  
oceaa@nova.edu  
http://optometry.nova.edu/ce/

NORTHEASTERN STATE UNIVERSITY, OKLAHOMA COLLEGE OF OPTOMETRY  
MULTI-STATE ADVANCED PROCEDURES  
July 8-10, 2011  
Broken Arrow, OK, NSU Broken Arrow Campus  
Dara Smith, CME coordinator  
918/444-4033  
FAX: 918/458-2104  
smith197@nsuok.edu  
www.optometry.nsuok.edu

COLORADO VISION SUMMIT  
July 9-10, 2011  
Colorado Convention Center, Denver, Colorado  
877/691-2095  
cvsummit@visioncare.org  
www.visioncare.org

NEW HAMPSHIRE OPTOMETRIC ASSOCIATION  
July 13, 2011  
Grappone Conference Center, Concord, New Hampshire  
603/964-2885  
nheyedoctors@comcast.net

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY  
21ST ANNUAL VICTORIA CONFERENCE  
July 14-17, 2011  
Coast Victoria Harbourside Resort & Marina, Victoria, British Columbia, Canada  
Jeanne Oliver  
503/352-2740  
jeanne@pacificu.edu

OPTOMETRIC EXTENSION PROGRAM/SOUTHERN COLLEGE OF OPTOMETRY  
CONFERENCE ON CLINICAL VISION CARE (CCVC)  
July 15-17, 2011  
Memphis, Tennessee  
Howard Bacon, O.D.

hbbacon@familyoptometry.net

NORTHERN ROCKIES OPTOMETRIC CONFERENCE  
July 21-23, 2011  
Jackson, Wyoming  
Coby Ramsey, O.D.  
cramsey@wyoming.com

115TH MOA SUMMER SEMINAR  
MICHIGAN OPTOMETRIC ASSOCIATION  
July 22-23, 2011  
Crystal Mountain, Thompsonville, Michigan  
Pam Steffy  
517/482-0616  
FAX: 517/482-1611  
pam@themoa.org  
www.themoa.org

FLORIDA OPTOMETRIC ASSOCIATION  
2011 Annual Convention  
July 21-24, 2011  
Walt Disney World Swan and Dolphin  
Kellie Webb  
800/399-2334  
kellie@floridaeyes.org  
www.floridaeyes.org

IOWA OPTOMETRIC ASSOCIATION  
OKOBOJI OPTOMETRIC MEETING  
JULY 22-24, 2011  
Okoboji, Iowa  
Grace Kennedy  
515/222-5679  
FAX: 515/222-9073  
gracek@iowaoptometry.org  
www.iowaoptometry.org

OPTOMETRIC EXTENSION PROGRAM FOUNDATION  
VT/LEARNING RELATED VISUAL PROBLEMS (OEP CLINICAL CURRICULUM)  
July 22-26, 2011  
Grand Rapids, Michigan  
Theresa Krejci  
800-447-0370  
TheresaKrejciOEP@verizon.net

NATIONAL OPTOMETRIC ASSOCIATION  
Annual Convention  
July 27-31, 2011  
Manchester Grand Hyatt, San Diego, California  
noa.2020@yahoo.com  
www.nationaloptometricassociation.com

SACRAMENTO VALLEY OPTOMETRIC SOCIETY  
SVOS TAHOE SEMINAR  
July 29-31, 2011  
Hyatt Regency Hotel, Incline Village, Nevada  
916/447-0270  
jerrysue@svos.info  
www.svos.info

### August

PRIMARY CARE UPDATE  
Nova Southeastern University  
August 13-15, 2011  
St. Simons Island, GA



http://optometry.nova.edu/ce/index.html

OPTOMETRIC EXTENSION PROGRAM FOUNDATION  
VT/VISUAL DYSFUNCTIONS (OEP CLINICAL CURRICULUM)  
August 18-22, 2011  
Baltimore, Maryland  
Theresa Krejci  
800-447-0370  
TheresaKrejciOEP@verizon.net

OPTOMETRIC EXTENSION PROGRAM FOUNDATION  
THE FOUNDATION OF VISION THERAPY II  
August 19-21, 2011  
Versailles, Kentucky  
Theresa Krejci  
800-447-0370  
TheresaKrejciOEP@verizon.net

SOUTH CAROLINA OPTOMETRIC PHYSICIANS ASSOCIATION  
104TH ANNUAL MEETING & 3RD ANNUAL SCOPA PAC GOLF TOURNAMENT  
August 25-28, 2011  
The Myrtle Beach Marriott Resort at Grande Dunes  
803/799-6721  
info@sceyedocors.com  
www.sceyedocors.com

IDAHO OPTOMETRIC PHYSICIANS ANNUAL CONGRESS  
August 25-27, 2011  
Sun Valley Resort, Sun Valley, Idaho  
Randy L. Andregg, O.D.  
208/461-0001  
randregg@vision-1.com

THE GUILD ANNUAL MEETING  
August 26-27, 2011  
Renaissance Hotel, Charlotte, North Carolina  
Chuck Aldridge  
ccaldridge@yahoo.com

### September

VERMONT OPTOMETRIC ASSOCIATION  
ANNUAL 2011 FALL CONFERENCE  
September 16-18, 2011  
Stowe Mountain Lodge, Stowe, VT  
David J. DiMarco, O.D.  
802/524-9561  
FAX: 802/524-6060  
djd@nveyecare.net

**To submit an item for the meetings calendar, send a note to eventcalendar@aoa.org. Please allow several months' lead time.**





## SHOWCASE



### FACULTY POSITION AVAILABLE IN OPHTHALMOLOGY/OPTOMETRY

The UCLA Jules Stein Eye Institute and Department of Ophthalmology is seeking an Assistant Professor or Associate Professor In-Residence specializing in contact lens care for routine fits as well as for those suffering corneal irregularities, especially keratoconus; manage a specialty contact lens practice including staff, finances, coding and billing. The faculty member would have to maintain an active academic research program; teach ophthalmology residents, fellows and optometry fellows the principles and practice of contact lens fitting at the Jules Stein Eye Institute. Ophthalmologists must be board certified or eligible to be considered. All interested ophthalmologists and optometrists should send a curriculum vitae, the names of three references and a letter describing interests and accomplishments to:

**Anthony Aldave, M.D.**  
Chair of Search Committee  
Jules Stein Eye Institute  
100 Stein Plaza  
Los Angeles, CA 90095-7000

*The UCLA Jules Stein Eye Institute and Department of Ophthalmology is an affirmative action, equal opportunity employer. The department is particularly interested in candidates who have experience working with trainees of diverse backgrounds and a demonstrated commitment to improving access to healthcare. Candidates should describe previous activities mentoring women, minorities, students with disabilities, and other under-represented groups. The University is responsive to the needs of dual career couples.*



Nova Southeastern University College of Optometry is accepting applications for faculty positions in our clinical primary care, low vision, and pediatrics/binocular vision services. Applicants' qualifications must include the O.D. degree from an accredited institution and eligibility for licensure in Florida. Preference will be given to applicants with residency training, extensive clinical experience, and/or teaching experience.

Questions concerning these positions as well as a current curriculum vitae, official transcripts of all degrees earned, and three letters of reference should be directed to:

**Josephine Shallo-Hoffmann, Ph.D., Interim Associate Dean**  
Nova Southeastern University College of Optometry  
3200 S. University Drive  
Ft. Lauderdale, FL 33328  
Tel #: 954-262-1406  
Email: shoffman@nova.edu

An official application should  
be made online at  
[www.nsujobs.com](http://www.nsujobs.com)

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an Affirmative Action/Equal  
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American Optometric Association

# NEWS

Online

[www.aoanews.org](http://www.aoanews.org)

### Northeastern State University OKLAHOMA COLLEGE OF OPTOMETRY

Presents

The Second Annual Multi-State

### ADVANCED PROCEDURES

**JULY 8-10, 2011**

\*Laser Therapy for the Anterior Segment

\*Surgical Procedures for the Optometric Physician

**Laser Therapy for the Anterior Segment** includes the training and opportunity to acquire the technical skills required for performing laser procedures such as posterior capsulotomy, peripheral iridotomy, and laser trabeculoplasty. Twelve hours of lecture are followed by four hours of hands-on laboratory utilizing the ophthalmic lasers.

**Surgical Procedures for the Optometric Physician** presents the educational and technical skills necessary for surgical procedures performed in a primary eye care setting. In addition to 12 hours of lecture, the course includes a four-hour hands-on workshop.

Each course is 16 CME hours (COPE approved) and thoroughly covers the diverse training needs of optometric physicians pursuing credentials for advanced technical skills.

**Presented at**  
**NSU Campus, Broken Arrow, OK**  
3100 E. New Orleans St.

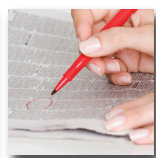
**Registration:**  
\$750 Laser Therapy for  
the Anterior Segment  
\$750 Surgical Procedures  
for the Optometric  
Physician



**Contact: Dara Smith, CME Coordinator, NSUOCO**  
Phone: 918-444-4033 Fax: 918-458-2104  
[Smith197@nsuok.edu](mailto:Smith197@nsuok.edu) or visit our website [optometry.nsuok.edu/](http://optometry.nsuok.edu/)







## SHOWCASE

### SOUTHWEST FLORIDA EDUCATIONAL RETREAT

August 12 - 14, 2011



**Captiva Island, Florida**

Education

Transcript Quality - 6 Hours • Continuing Education - 12 Hours  
Total Hours 18 • 16 Hours Cope Approved

3 Hours CE Paraoptometric Attendees

#### Program / Speakers

Tammy Than, O.D., F.A.A.O.	6 hours TQ/CE
Daryl Mann, O.D., F.A.A.O.	6 hours CE
Exhibits	2 hours
April Jasper, O.D., F.A.A.O.	2 hours CE/EMR
Kim Reed, O.D., F.A.A.O.	2 hours CE Medical Errors
Ron Foreman, O.D., F.A.A.O.	2 hours CE

Optometric Jurisprudence

#### Information

Brad Middaugh, O.D.  
1534 Brantley Rd., A-2  
Fort Myers, Florida 33907  
Phone: 239-481-7799  
Fax: 239-481-3739  
E-mail: swfoa@att.net

#### Registration

Prior to July 10, 2011  
A.O.A members - \$370  
Non-members - \$470  
Register on line at:  
[www.swfoa.com](http://www.swfoa.com)  
After July 10th add \$50  
to ALL registrations

**Hotel Reservations:** Toll Free - 1-888-707-7888



### AEA Optometric Cruise Seminars 2011-2012

**Alaska-Voyage of the Glaciers**, 7/2-7/9/11, 7 days, *Diamond Princess*. Whittier (Anchorage), Hubbard Glacier, Glacier Bay, Skagway, Juneau, Ketchikan, Vancouver. **From \$1199pp. ~ 4<sup>th</sup> of July**~Speaker: Tim McMahon, O.D.

**Grand Mediterranean**, 8/8-8/20/11, 12 days, *Ruby Princess*. Venice, Athens, Kusadasi, Istanbul, Mykonos, Naples/Capri, Rome, Florence/Pisa, Monte Carlo, Barcelona. **From \$2040pp**. Speaker: Michael Giese, O.D.

**Provence & Spain River Cruise**, 9/3-9/10/11, 7 days, *AMA Waterways ms Swiss Pearl*®. Arles, Avignon, Viviers, Tournon, Vienne, Trevoux, Lyon. **From \$2799pp** (cruise only – land programs available). ~ **Labor Day** ~

**California Coastal**, 10/1-10/8/11, 7 days, *Sapphire Princess*®. Los Angeles, Santa Barbara, San Francisco, San Diego, Ensenada, Los Angeles. **From \$839pp**

**Southern Caribbean Explorer**, 2/12-2/19/12, 7 days, *Caribbean Princess*®. San Juan, St. Maarten, St. Lucia, Grenada, Bonaire, Aruba, San Juan. **From \$759pp ~ Valentine's Day ~**

**Western Caribbean**, 2/12-2/19/12, 7 days, *Royal Caribbean Allure of the Seas*®. *The World's largest cruise ship!* Ft. Lauderdale; Labadee, Haiti; Falmouth, Jamaica; Cozumel, Mexico; Ft. Lauderdale. **From \$985pp ~ Valentine's Day ~**

**Panama Canal**, 2/17-2/27/12, 10 days, *Island Princess*®. Ft. Lauderdale, Aruba, Cartagena, Panama Canal, Colon, Limon, Grand Cayman, Ft. Lauderdale. **From \$1699pp ~ President's Day ~**

**Western Caribbean**, 3/3-3/10/12, 7 days, *Crown Princess*®. Ft. Lauderdale, Grand Cayman, Roatan, Belize City, Cozumel, Ft. Lauderdale. **From \$779pp**

**The Enchanting Rhine River Cruise**, 8/9-8/16/12, 7 days, *AMA Waterways Amacello*®. Basel, Breisach, Strasbourg, Speyer, Rudesheim, Cologne, Dusseldorf, Amsterdam. Optional pre-cruise land programs available; 2 nights in Zurich and/or 2 nights in Lucerne. **From \$2754pp**. Speaker: Louise A. Scalfani, O.D.

*Early booking discounts or regional promotions may apply. We will match all bona fide offers. Call for lowest current price. Fares are cruise only, per person, USD, based on double occupancy, capacity controlled and subject to availability. Government fees and taxes, fuel supplement are additional.*

Visit cruise line websites for terms, conditions, and definitions which will apply to all bookings.

#### AEA Cruises: Dr. Mark Rosanova, President

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American Optometric Association

# NEWS

TO ADVERTISE CONTACT YOUR  
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**Traci Peppers**

telephone: 212.633.3766

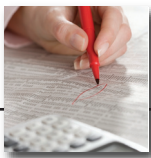
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## CLASSIFIEDS

### Professional Opportunities

**A NEW EMPLOYMENT LINK: Looking for fill-in opportunities on your days off?** Temp-practitioner.com is a new website designed to match health practitioners, including optometrists, with temporary employment opportunities. Registration is FREE, private, and there is NO OBLIGATION to accept any particular offer. Potential employers in your area will review your information and contact you about fill-in opportunities. You decide if the opportunity is right for you. You also negotiate your own fees, schedule, etc. So go to the website and sign up today and turn extra days into extra dollars!

**Full-time opportunity** with national managed care organization seeking Provider Relations Specialist, responsible for fee schedules, plan design, and network management. Formal eye care and business training preferred. Send resume to hr@opticare.net or Human Resources c/o OptiCare Managed Vision, P.O. 112 Zebulon Court, Box 7548, Rocky Mount, NC 27804. Equal Opportunity Employer

**Looking for something different? Dreamed of living on a tropical island?** Technologically advanced MD/OD practice in the South Pacific seeks a talented, ethical optometrist to man mobile outreach and satellite clinics (50%) and to provide the full scope of refractive, medical and post-surgical care at main clinic (50%).

- Part-time ~30 hours/week
- Multiethnic population
- Competitive salary and generous benefits
- Low taxes, US dollars
- Beautiful tourist destination
- Easy travel to Asia
- TMOD required for licensure.

Send complete CV with letter explaining interest to **SouthPacificEye@gmail.com**

**Doctor of Optometry in MA-** OD needed for a progressive, contact lens and medical specialty office. OD must have a good clinical background, strong business sense, and compassionate nature. The area is proximate to Boston and Providence and strong communities and school systems. Latest in ophthalmic equipment and full optometric technician support is offered. Pay is commensurate with experience and flexibility. Strong benefits package, EMR, and challenging clinical setting make for a rewarding experience. Optometric specialty, VT, LV etc heavily weighed, but not a must. Serious inquiries to Coleen Magalhaes@ 1 978 869 3705 or Magalhaes1@aol.com

### Practice for Sale

**MAINE- Portland area.** Optometrists wanted for both full and part time employment with opportunity to become owner/partner in a large primary care 35 year old optometric group practice. Competitive salary and benefits. Full service facility includes, GDX, OCT, topographer, aberrometer, anterior segment cameras, Optos, EMR and optical surfacing lab. Must have advanced therapeutic Maine license and desire to do contact lenses and medical eyecare including glaucoma. Contact office mgr; Cynthia Hennessey, EyeCare & Eyewear Center of Maine, Tel: 207-854-1801

**Optometrist F/T** Roanoke, Va. salary up to \$120,000.00 with benefits. Recent grads welcome to apply. Please call 732-502-0071.

**Practice for sale in Great Falls, MT** 26 year old practice in great recreational location on the Missouri River 90 miles south of Glacier Park. Great Falls is a city of 60,000 and is the 3rd largest city in Montana. Practice was formerly a franchise for 25 years but was converted to a private practice in August of 2010. It is located in an owned 5000 sq ft free standing building. It has 3 equipped exam lanes, an optical lab with Fast Grind and a Horizon III edger. Additional equipment include a video slit lamp, topographer, Humphrey Visual Field, and a new Topcon OCT/fundus camera. OfficeMate with ExamWriter is installed on 8 networked computers. Priced to sell!! Building can be leased or purchased. If interested, e-mail to pchristman@netscape.net.

### Miscellaneous

**Don't miss this exciting opportunity** to be part of the multi-disciplinary conference for the low vision rehabilitation field. September 21-24, 2011 at the St. Louis Hilton at the Ballpark, Envision Conference features clinical education, workshops and research presentations. Optometrists, ophthalmologists, occupational therapists, rehabilitation therapists, licensed visual therapists, nurses, vision researchers and other low vision rehabilitation professionals, can earn CE credits, meet with industry representatives to review new developments and technologies, access new products and services and network. More info: **www.envisionconference.org**

**DO YOU WANT MORE VISION THERAPY PATIENTS?** Are you tired of seeing patients walk out the door without getting the care that they need? Why wait until another patient says "If insurance doesn't cover it...?" Call today and find out how to ensure patients follow through with vision therapy regardless of insurance coverage. Expansion Consultants, Inc.: Specialists in consulting VT practices since 1988. Call 818-248-3823, ask for Toni Bristol.

**Interested in adding structure to your vision therapy practice and feeling more confident** in your clinical skills? The OEP Clinical Curriculum Courses can help. Call 800 447 0370.

**Pretesting Tables For Less.** Save hundreds on equipment and power tables. Just search PRETESTING TABLES at EBAY and save hundreds on all your pretesting equipment needs. Simply go to: **www.EBAY.com** and search the words: PRETESTING TABLES and start saving hundreds today on TABLES, EQUIPMENT and MORE.

**Quality Pre-Owned Equipment at Wholesale Prices-** Zeiss/Humphrey, Topcon, Reichert, Oculus, Haag-Streit with warranty for thousands less than new. We purchase equipment for cash/trade. Tired of waiting months for equipment? We only sell from inventory. **Precision Equipment (352) 207-6858, www.precision-equip.com**

### VOSH-INTERNATIONAL NEEDS YOUR OUTDATED EQUIPMENT!!

How would you like to donate your outdated equipment to a worthy cause and receive a *tax deduction* at the same time? VOSH-INTERNATIONAL with the support of WCO and UNESCO has embarked on a program of equipment-technology transfer to fledgling Optometry programs in South America and Africa. This is being done with a new partner IMEC (International Medical Equipment Collaborative); a non-profit 501c3 that gathers, services, cleans and packages entire eye clinics, hospitals and other medical facilities and ships them to an organization that gives them a second life.

Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website (**www.vosh.org**) and click on Technology Transfer Program. The most desirable items that programs in developing countries need are: Trial lens kits, Battery powered hand scopes, Assorted Pliers and Optical Tools, Hand Stones for edging plastic lenses, uncut lenses (both SV and BF), Manual Lensometers, Phoropters, Lens Clocks, Color Vision Tests, Keratometers and Biomicroscopes. This list is certainly not complete but gives you an idea of some of the basic needs these developing programs can benefit from.

**All items may be shipped directly to:**

VOSH INTERNATIONAL  
C/O VOSH-SE  
3701 SE 66th St  
Ocala, Florida 34480  
Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact **www.vosh.org** with any questions or email **dpvc@juno.com** and/or **voshinternational@comcast.net**.

### Classified Advertising Information

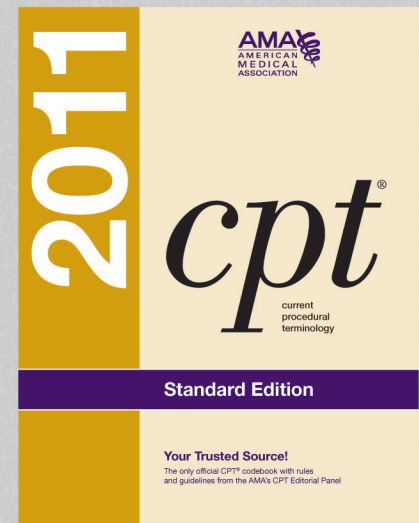
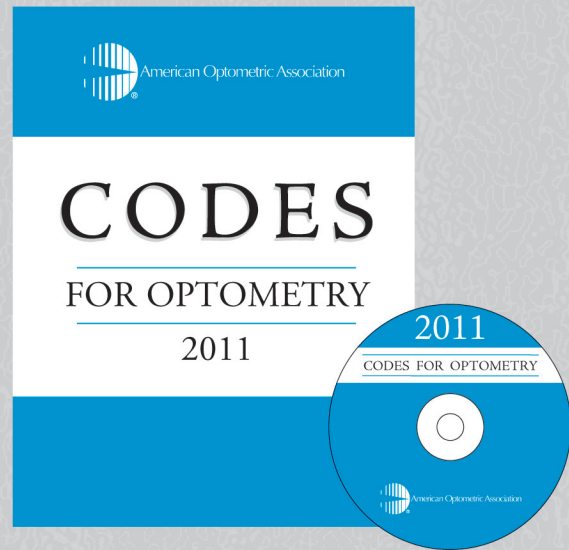
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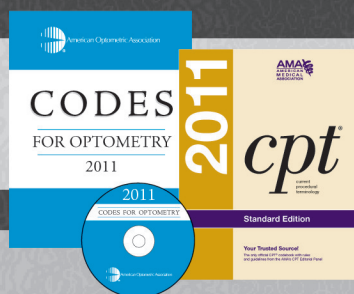
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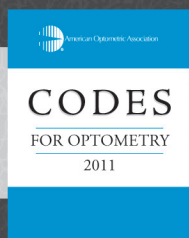
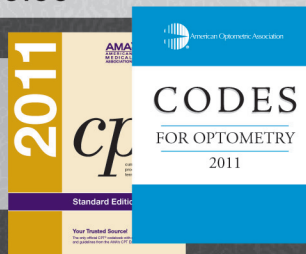
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**\*\*ALL CRITICAL TO DOCTORS AND TO KEY STAFF ASSIGNED TO REVIEW PATIENTS' MEDICAL RECORDS AND SUBMIT CLAIMS FOR SERVICES.\*\***



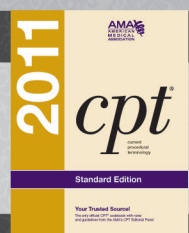
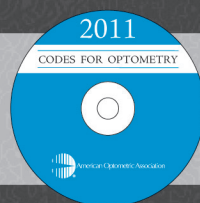
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3

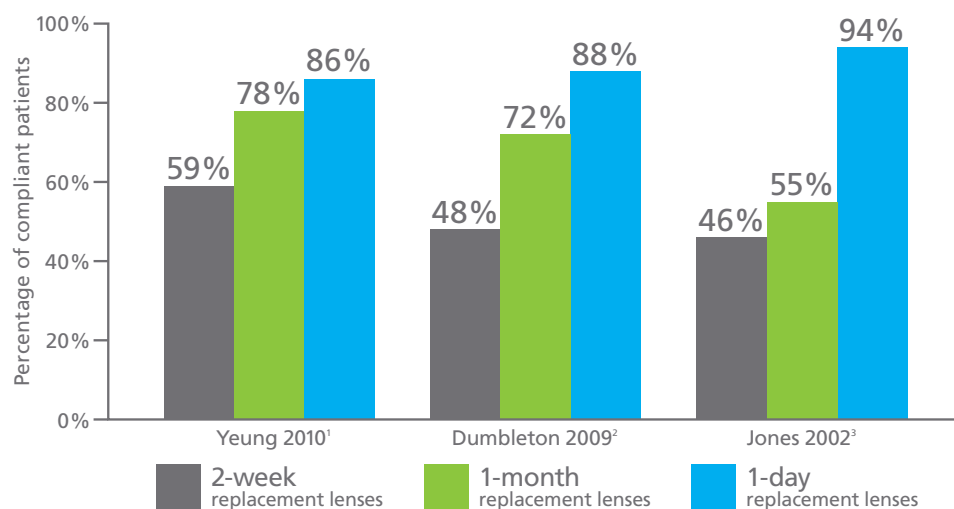
studies

8

years

2,939  
patients

## Replacement compliance:\*\*



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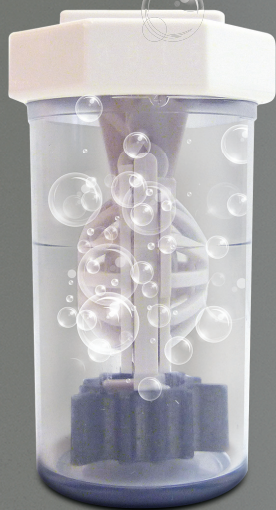
References: 1. Yeung K, Forister J, Forister E, et al. Compliance with soft contact lens replacement schedules and associated contact lens-related ocular complications: The UCLA Contact Lens Study. *Optometry*. 2010; 81:598-607. 2. Dumbleton K, Woods C, Jones L, et al. Patient and Practitioner Compliance With Silicone Hydrogel and Daily Disposable Lens Replacement in the United States. *Eye & Contact Lens*. 2009;35:164-71. 3. Jones L, Dumbleton K, Fonn D, Dillehay S. Comfort and compliance with frequent replacement soft contact lenses. *Optom Vis Sci*. 2002;79:259. 4. Dumbleton K, Woods C, Jones L, et al. Comfort and Vision with Silicone Hydrogel Lenses: Effect of Compliance. *Optom Vis Sci*. 2010; 87(6):421-425.

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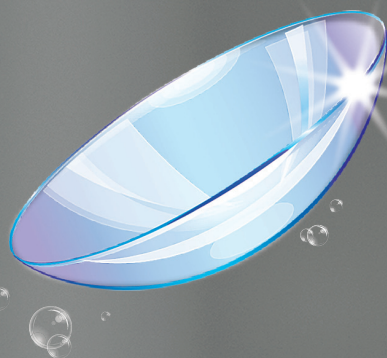
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Can lens care improve lens wear?

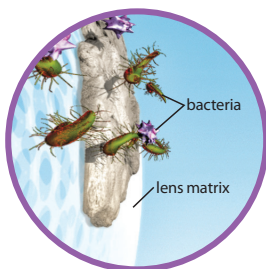


**Absolutely. For an extraordinary lens-wearing experience with today's soft contact lenses, just add Clear Care® Cleaning and Disinfecting Solution.**



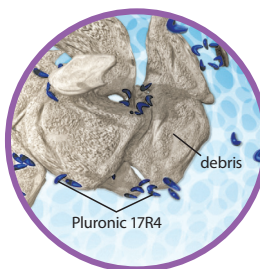
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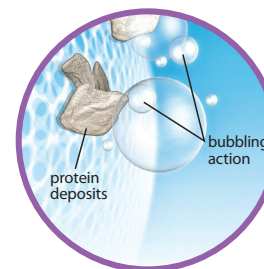
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